2011 State Event
Chapter Registration Form

DEMOLAY MINNESOTA™

Chapter: ______________________________________

Signature: ______________________________________
Chapter Dad / Advisor

State Event:

Name (Please Print Clearly)	**Email Address**	**Age**	**Attendee is:** *DeMolay, Prospect, Sweetheart, Sr DeMolay or Advisor*	**Registration Fees** Individual Paid	Chapter Subsidy	T-Shirt Size
			Total $	$	$	