

# Michigan DeMolay

## YOUTH PROTECTION PROGRAM CERTIFICATION

I \_\_\_\_\_ certify that the following list of individuals of \_\_\_\_\_ Chapter have viewed the and participated in Youth Protection Program as required by DeMolay International on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Your Signature \_\_\_\_\_, Position \_\_\_\_\_

PRINT NAME

SIGNATURE

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