

**PLEASE PRINT ALL REQUIRED INFORMATION**

**Chapter Information:**

Chapter Name: \_\_\_\_\_  
 Installation Date: (Month/Day/Year) \_\_\_\_\_  
 Person submitting this FORM 11:  
 Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Master Councilor Installed:**

Name: (Full Name) \_\_\_\_\_  
 Birth Date: (Month / Day / Year) \_\_\_\_\_  
 Phone Number: (        ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Awards Received:**

- Representative DeMolay** (award approved by the EO)
- Leadership Correspondence Course** (Completed 1 2 3 4 5)
- Chapter Outstanding(s) awarded:**
  - Chapter DeMolay & Years) \_\_\_\_\_
  - Chapter Ritualist & Years) \_\_\_\_\_
  - Chapter Sportsman & Years) \_\_\_\_\_

**Senior Councilor Installed:**

Name: (Full Name) \_\_\_\_\_  
 Birth Date: (Month / Day / Year) \_\_\_\_\_  
 Phone Number: (        ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Awards Received:**

- Representative DeMolay** (award approved by the EO)
- Leadership Correspondence Course** (Completed 1 2 3 4 5)
- Chapter Outstanding(s) awarded:**
  - Chapter DeMolay & Years) \_\_\_\_\_
  - Chapter Ritualist & Years) \_\_\_\_\_
  - Chapter Sportsman & Years) \_\_\_\_\_

**Junior Councilor Installed:**

Name: (Full Name) \_\_\_\_\_  
 Birth Date: (Month / Day / Year) \_\_\_\_\_  
 Phone Number: (        ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Awards Received:**

- Representative DeMolay** (award approved by the EO)
- Leadership Correspondence Course** (Completed 1 2 3 4 5)
- Chapter Outstanding(s) awarded:**
  - Chapter DeMolay & Years) \_\_\_\_\_
  - Chapter Ritualist & Years) \_\_\_\_\_
  - Chapter Sportsman & Years) \_\_\_\_\_

**PLEASE PRINT ALL REQUIRED INFORMATION**

**Chapter Information:**

Chapter Name: \_\_\_\_\_

**Chapter Sweetheart :**

Name: (Full Name) \_\_\_\_\_

Birth Date: (Month / Day / Year) \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Awards Received:

Leadership Correspondence Course (Completed 1 2 3 4 5)

**Chapter Advisor:**

Name: (Full Name)

Birth Date: (Month / Day / Year) \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Awards Received:

Leadership Correspondence Course (Completed 1 2 3 4 5)

**Chapter Chairman:**

Name: (Full Name)

Birth Date: (Month / Day / Year) \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Awards Received:

Leadership Correspondence Course (Completed 1 2 3 4 5)

**Send this completed "MD FORM-11"**

**(No Later Than March 10th and September 10th of each year) to...**

Dad Vince D'Aguanno and  
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 Plymouth, MI 48170-3436  
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Dad Dave Fulmer  
 25125 Stanford  
 Dearborn Heights, MI 48125-1621  
or email to: Grumpe128@aol.com