

**INSTALLATION REQUEST FORM**

**PLEASE PRINT ALL REQUIRED INFORMATION**

**INFORMATION REQUIRED:**

Master Councilor-Elect: \_\_\_\_\_

Chapter Advisor: \_\_\_\_\_ Chapter: \_\_\_\_\_

Installation Date Requesting: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

The Chapter Term Program Plan was submitted to our "Chapter Advisor" 30 days prior to installation :  YES  NO

Our Chapter Term Calendar was uploaded online after approved by my "Chapter Advisor":  YES  NO

**INSTALLING TEAM:**

Please Select Which You Would Like To Do:

- Own Selection       State Team       Chevalier Court

If You Chose "Own Selection," Please Complete The Following:

**Note: All Chapters using any Senior DeMolay(s) need to complete a "Special Dispensation Form" (MD Form-13) and must be approved by the Executive Officer to perform any ritual, Installing Parts, Flower Talk or Ceremony of Light.**

Installing Officer: \_\_\_\_\_ Installing Senior Deacon: \_\_\_\_\_

Installing Senior Councilor: \_\_\_\_\_ Installing Marshall: \_\_\_\_\_

Installing Junior Councilor: \_\_\_\_\_ Installing Chaplain: \_\_\_\_\_

If You Chose A Chevalier Court, Please Complete The Following:

Chevalier Court Chosen: \_\_\_\_\_

Commander in the East: \_\_\_\_\_

*\*Requests for a State Installing Team MUST be in to the State Master Councilor 45 days prior to Installation.*

**PUBLIC CEREMONY:**

Our Chapter would like to request a:  Flower Talk       Ceremony of Light

Our Chapter will provide our own:  Flower Talk       Ceremony of Light

Name of Speaker: \_\_\_\_\_

**ADVISORY COUNCIL INSTALLATION (Spring Term (March) Installations Only):**

We would like \_\_\_\_\_ to Install our Chapter Advisory Council.

We would like Michigan DeMolay to provide someone to Install our Chapter Advisory Council.

**STATEMENT OF AGREEMENT:**

*By Signing this document, you agree that the Installing Team shall abide by the standard Michigan DeMolay Installation Ceremony and to follow the Michigan DeMolay Order of Introductions.*

Master Councilor (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Installing Officer (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

**Send this completed "Installation Request Form" "MD FORM - 12" to:**

Dad Vince D'Aguanno, 46581 Strathmore Rd., Plymouth, MI 48170-3436

**or by email to:** [daguannov@comcast.net](mailto:daguannov@comcast.net)

**THIS AREA TO BE COMPLETED BY THE EXECUTIVE OFFICER ONLY:**

This "Installation Request" is:  Approved       Not Approved

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Officer

\_\_\_\_\_  
Date