

Illinois DeMolay announces



ILLINOIS DEMOLAY BASIC TRAINING

DUTY APPLICATION

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Chapter _____

Parents Signature _____

**An exceptional program designed to qualify the DeMolay
for further service to the Order**

**A fee of \$50.00 must accompany this registration. Please include a
check made out to Illinois DeMolay and mail by Feb 6, 2006 to:**

**Illinois DeMolay
8809 Highland Court
Rock Island, IL 61201
309-787-4966**

**A completed Parental Consent form must
accompany this registration**

