

FALLFEST 2004 - RITUAL JUDGES REGISTRATION - PRINT OR TYPE

COMPLETE AND MAIL FORM TO:

ILLINOIS DEMOLAY
8809 HIGHLAND COURT
ROCK ISLAND, IL. 61201

PH. 309-787-4966

CHAPTER: _____

SUBMITTED BY: _____

ADDRESS: _____

PHONE: _____

LIST NAMES & PHONES OF JUDGES

DEMOLAY/ADVISOR/PARENT (D A P) (CIRCLE ONE)

1. NAME	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N
2. NAME:	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N
3. NAME:	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N
4. NAME	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N
5. NAME:	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N
6. NAME:	PHONE	D / A / P
ADDRESS:	CITY	JUDGE FRIDAY Y N

NOTE: The success of our Illinois DeMolay Ritual Competition depends largely on the number of judges we are able to enlist. **We hope your chapter will furnish at least four (4) judges for the competition.** Depending on your prompt response, we plan to assign judges to the various competitions in advance and forward judging information to each judge. Your cooperation is critical to the quality of our weekend.

We ask that **all** Advisors who will be working with their Chapter's on a particular event, please list the event next to your name. We hope it will not be necessary to schedule an Advisor to Judge in conflict with his Chapter.

**WE HAVE A CRITICAL NEED FOR JUDGES FRIDAY NIGHT STARTING
AT 5:30 P.M.**

PLEASE RETURN THIS FORM WITH YOUR FALLFEST 2005 REGISTRATION. THANKS