



CHAPTER SWEETHEART APPLICATION

Personal Information				
Name:				
Address:				
City:		State:		Zip Code:
E-Mail:		Cell #:		
Birthdate:		Age:		

Rainbow Experience	
Assembly:	Chapter:
Assembly Offices Held:	
Grand Offices Held:	

❖ I have completed the following LCC's: ☐1 ☐2 ☐3 ☐4 ☐5

❖ Please list any other Honors or Awards you have earned (Grand Cross of Color, Pink Honor Key):

Authorization:

Applicant Signature

Parent or Guardian Signature

Please send your completed form to:

"Mom" Cindy Golway @ cgolway@gmail.com or via US Mail (email for address)