



DEMOLAY ON-DEMAND REQUEST APPLICATION

Date: _____ Chapter Name: _____

DeMolay Topic Areas

(Please Circle and Check Appropriate Boxes)

<u>Topic Area:</u>	<u>Strategy Session:</u>	<u>Presentation:</u>
Membership	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>
Committees	<input type="checkbox"/>	<input type="checkbox"/>
Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Chapter Organization	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>
Term Planning	<input type="checkbox"/>	<input type="checkbox"/>

Date(s) Requesting: _____

Special Notes:

Chapter Advisor/Chairman Signature: _____

MC Signature: _____

Send Completed Form via Mail, E-Mail, or Fax:

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