

FORM 10S

This statement is to be sent to the Director of Missouri Squires within 10 days after the degrees are conferred
This form should also be used to report any change in a current squire member status

Manor _____

Sponsored by _____

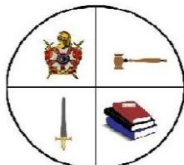
Located in _____

	Last Name	FirstName	Middle Name		
1	Name (in full) _____			Birth Date (mm/dd/yyyy)	Initiation Date (mm/dd/yyyy)
	Mailing address _____			_____	
	City, State, Zip _____			Name of 1st line signer of petition _____	
	Parent's Name (in full) _____			_____	
	Mailing address _____			Father Senior DeMolay	
	City, State Zip _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name (in full) _____			Birth Date (mm/dd/yyyy)	Initiation Date (mm/dd/yyyy)
	Mailing address _____			_____	
	City, State, Zip _____			Name of 1st line signer of petition _____	
	Parent's Name (in full) _____			_____	
	Mailing address _____			Father Senior DeMolay	
	City, State Zip _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name (in full) _____			Birth Date (mm/dd/yyyy)	Initiation Date (mm/dd/yyyy)
	Mailing address _____			_____	
	City, State, Zip _____			Name of 1st line signer of petition _____	
	Parent's Name (in full) _____			_____	
	Mailing address _____			Father Senior DeMolay	
	City, State Zip _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name (in full) _____			Birth Date (mm/dd/yyyy)	Initiation Date (mm/dd/yyyy)
	Mailing address _____			_____	
	City, State, Zip _____			Name of 1st line signer of petition _____	
	Parent's Name (in full) _____			_____	
	Mailing address _____			Father Senior DeMolay	
	City, State Zip _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name (in full) _____			Birth Date (mm/dd/yyyy)	Initiation Date (mm/dd/yyyy)
	Mailing address _____			_____	
	City, State, Zip _____			Name of 1st line signer of petition _____	
	Parent's Name (in full) _____			_____	
	Mailing address _____			Father Senior DeMolay	
	City, State Zip _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

This form is sent to:

- Director of Squires
- Your Chapter File

Dad Bill Rollins, Director of Missouri Squires
107 Dogwood Circle
Saint Robert, MO 65584



All Correspondence and patents should be sent to:

Name _____

Address: _____

City, State, Zip _____

Phone: _____

(Your Manor Contact Information)