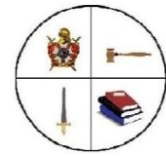




Missouri Squires FORM 11S



This statement is to be sent to the Director of Missouri Squires within 11 days after the Installation is performed
This form should also be used to report any change in a current squire Manor status

(Please Print)

Manor Name _____
Best Contact Mailing address _____
City, State, Zip _____

Sponsoring DeMolay Chapter _____ Same as Sponsoring DeMolay Chapter
Sponsoring Chapter Meeting Address _____ Manor Meeting Address _____
City, State, Zip _____ City, State, Zip _____
Stated Meeting Day _____ Time _____ Stated Meeting Day _____ Time _____
Advisory Council Meeting Day _____ Time _____
Parent Club Meeting Day _____ Time _____
Installation Months _____ And _____

Sir Knight Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Master Squire Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Senior Squire Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Junior Squire Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Squire treasurer Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Squite Recorder Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Squite Chaplain Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

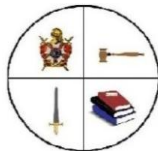
Squite Marshal Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

Squire Advisor Name (in full) _____
Mailing address _____ E-mail _____
City, State, Zip _____ Phone () _____

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)