Squires Registration Form-S This statement is to be sent to the service and leadership center within TEN days after the Induction is conferred. This form should also be used to report any change in current member's status.

Manor; Manor # Located in City State	Number receiving Induction:	Amount of check accompanying this report: <u>\$</u>	
IMPORTANT REVISIONS: Form S includes spaces for 4 Initiates and parental information.	Status Change:	\$18.00 for each Squire reported	
WHEN PREPARING, BE SURE TO INCLUDE THE NAME AND ID OF THE FIRST LINE SIGNER.	DATES DEGREES RECEIVED YEAR 20		
ID OF THE FIRST LIVE SIGNER.			
PRINT FULL NAME LAST NAME FIRST NAME MIDDLE NAME			
Name	Dirth Data	Industion	
(in full)	Birth Date mm/dd/yyyy	Induction mm/dd/yyyy	
Mailing Address		5555	
City, State, Zip Code			
E-Mail			
Parent's NameFather Senior DeMolay?(in full)YESYESNO			
Mailing Address	Name of first line signer of this	petition ID#	
City, State, Zip Code			
E-Mail Phone	Status Change	Action Date ID #	
Name (in full)	Birth Date	Induction	
Mailing	mm/dd/yyyy	mm/dd/yyyy	
Address City, State, Zip Code	—		
E-Mail	— — — — — — — — — — — — — — — — — — — —		
Parent's Name Father Senior DeMolay? (in full) YES NO			
Mailing Address	Name of first line signer of this petition ID#		
City, State, Zip Code	—		
E-Mail Phone	Status Change	Action Date ID #	
Name (in full)	Birth Date	Induction	
Mailing	mm/dd/yyyy	mm/dd/yyyy	
Address			
City, State, Zip Code			
E-Mail Parent's Name Father Senior DeMolay?	-		
(in full) YES NO			
Mailing Address	Name of first line signer of this	petition ID#	
City, State, Zip Code			
E-Mail Phone	Status Change	Action Date ID #	
Name (in full)	Birth Date	Induction	
Mailing Address	mm/dd/yyyy	mm/dd/yyyy	
City, State, Zip Code			
E-Mail			
Parent's NameFather Senior DeMolay?(in full)YESYESNO			
Mailing Address	Name of first line signer of this	Name of first line signer of this petition ID#	
City, State, Zip Code			
E-Mail Phone	Status Change	Action Date ID #	