Date: _____

A.E.A.O.N.M.S.
IMPERIAL YOUTH DEPARTMENT
YOUTH CLUB CONFERENCE REGISTRATION FORM

☐ Check this box if Non-member Youth

Registration Fees: Youth/Associate Youth/Chaperones - $25
Guests: $50

_____ _____
Youth Director/Directress **Or** Parent Name if Non-member Youth — Phone No.

_____ _____
Temple/Court Name & No. (If Applicable) — Temple/Court Mailing Address, City, State, Zip

If *non-member youth Parent*, provide home address, City, State, Zip:
_____

Attendance Counts: # Youth _____ # Chaperones _____ # Guests _____ Total Attendees _____
Total Paid: _____

PLEASE TYPE OR PRINT

The Imperial Council and the Imperial Court have mandated this form. All units must reside on-site at the youth headquarters. [Chaperone to Youth ratio: 1 to 5 youth]. In the table below, list and group the youth by chaperone.
Reminder: All attendees are required to pay the registration fee. Make Temple/Court check/money order payable to AEAONMS, Inc. *In the memo section write "Youth Club name" Registration Fee. See below for mailing address.*

Youth Name	Address	M/F	Age	Shirt Size	Chaperone Name	Phone No.

DEADLINE: February 1, 2027

_____ _____
Signature: Recorder/Recordress **& Phone No.** — Illustrious Potentate/Commandress **& Phone No.**

_____
Imperial Deputy of the Oasis & Phone No.

Important Mailing Instructions

1) **Make payable to and mail payment along with a copy of this form to:**
AEAONMS, Inc,
C/O Acct. Receivables
2239 Democrat Rd
Memphis, Tennessee 38132

2) Mail Original to: **HPIC Lorraine James**
Youth Depart Director
PO Box 6424
Tallahassee, FL 32314

Or to ensure receipt email to: youthdirector@aeaonms.org

THIS FORM MAY BE DUPLICATED

rv:08012027