

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 Phone No.				
Youth Director/Directress Or Parent Name if Non-member						
Temple/Court Name & No. (If Applicable)			Temple/Court Mailing Address, City, State, Zip			
f non-member youth Par	rent, provide home addre	ess, City, St	ate, Zip:			
Attendance Counts: # Youth # Chaperones Fotal Paid:			# G	Guests Total Attendees		
Chaperone to Youth ratio: Reminder: All attendees ar	the Imperial Court have man 1 to 5 youth]. In the table be the required to pay the registrite "Youth Club name" Re	below, list an <i>tration fee.</i> I	nd group <i>Make Te</i> i	the youth b	y chaperone. check/money order payab	•
Youth Name	Address	M/F	Age	Shirt Size	Chaperone Name	Phone No.

DEADLINE: APRIL 1, 2026

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

Signature: Recorder/Recordress & Phone No.

Youth Depart Director

PO Box 6424

Tallahassee, FL 32314

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

THIS FORM MAY BE DUPLICATED