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

Date: _____

TEMPLE OR COURT NAME _____ No. _____

YOUTH DIRECTOR / DIRECTRESS NAME _____ TELEPHONE # _____

EMAIL: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PLEASE TYPE OR PRINT

YOUTH FIRST & LAST NAME	TALENT	M/F	AGE

DEADLINE: FEBRUARY 1, 2027

MAIL TO: **HPIC Lorraine James**
Youth Dept Director
PO Box 6424
Tallahassee, FL 32314

Note: To ensure receipt, forms can be emailed to: youthdirector@aeaonms.org

THIS FORM MAY BE DUPLICATED

Rv: 080126