



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

\_\_\_\_\_  
TEMPLE OR COURT NAME

\_\_\_\_\_  
No.

\_\_\_\_\_  
YOUTH DIRECTOR NAME

\_\_\_\_\_  
TELEPHONE #

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

**PLEASE TYPE OR PRINT**

NAME(S)	TALENT	M/F	AGE
_____	_____	_____	_____
_____	_____	_____	_____
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**DEADLINE: APRIL 5, 2024**

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

**Note: To ensure receipt, forms can be emailed to: [youthdirector@aeonms.org](mailto:youthdirector@aeonms.org)**

**THIS FORM MAY BE DUPLICATED**