



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

YOUTH DIRECTOR or PARENT NAME (if Non-member Youth)

TELEPHONE #

☐ Check this box if Associate Youth (Non-member)

TEMPLE OR COURT NAME

No.

ADDRESS

CITY

STATE

ZIP CODE

PLEASE TYPE OR PRINT

NAME		ADDRESS		M/F		AGE		SHIRT SIZE

DEADLINE: APRIL 5, 2024

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

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

THIS FORM MAY BE DUPLICATED