



**A.E.A.O.N.M.S.  
IMPERIAL YOUTH DEPARTMENT  
CHAPERONE INFORMATION FORM**

Director/Directress Name: \_\_\_\_\_  
Temple/Court Name & No.: \_\_\_\_\_

The Imperial Council and the Imperial Court have mandated this form. All units must reside on-site at the youth headquarters.

PLEASE TYPE OR PRINT NAMES OF YOUTH AND CHAPERONES

**YOUTH NAME(S)**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**YOUTH NAME(S)**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CHAPERONE IN CHARGE**

**YOUTH NAME(S)**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CHAPERONE IN CHARGE**

**YOUTH NAME(S)**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CHAPERONE IN CHARGE**

Signature: Recorder/Recordress

**CHAPERONE IN CHARGE**

Illustrious Potentate/Commandress

Imperial Deputy of the Oasis

**DEADLINE: APRIL 5, 2024**

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

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

**THIS FORM MAY BE DUPLICATED**