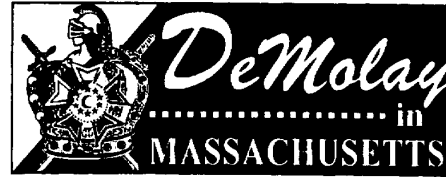


Form 11

This form must be mailed within ten (10) days following the Installation to Massachusetts DeMolay.



Chapter Name	Installation Date
--------------	-------------------

M.C. Name		R.D.?	L.C.C.?
M.C. Address		Age?	
City	Zip	Telephone ()	
S.C. Name		R.D.?	L.C.C.?
S.C. Address		Age?	
City	Zip	Telephone ()	
J.C. Name		R.D.?	L.C.C.?
J.C. Address		Age?	
City	Zip	Telephone ()	
Chapter Advisor Name		Accredited Advisor?	
Address		Home Phone ()	
City	Zip	Business Phone ()	

Chapter Mailing Address	
City	Zip
Meeting Nights	Month of Next Installation
Meeting Place (Name of Building)	
Meeting Place Address	Telephone ()
Sponsoring Body (Name and Address)	



Massachusetts DeMolay
186 Tremont Street
Boston, Massachusetts 02111

