

# Courtesy Work Authorization Northwest Ohio York Rite Festival

(Each candidate listed MUST have a pre-registration form attached)

The Offices of \_\_\_\_\_ Chapter No. \_\_\_\_\_ Date \_\_\_\_\_  
request the Northwest Ohio York  
Festival to do courtesy chapter work on the candidates listed below.

\_\_\_\_\_  
Secretary

The Offices of \_\_\_\_\_ Council No. \_\_\_\_\_ Date \_\_\_\_\_  
request the Northwest Ohio York  
Festival to do courtesy Council work on the candidates listed below.

\_\_\_\_\_  
Recorder

The Offices of \_\_\_\_\_ Commandery No. \_\_\_\_\_ Date \_\_\_\_\_  
request the Northwest Ohio York  
Festival to do courtesy Commandery work on the candidates listed below.

\_\_\_\_\_  
Recorder

**PRINT NAMES BELOW**

	Dinner?	Check Sent?		Dinner?	Check Sent?
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input style="border: 2px solid red;" type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>
_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>	_____ First – Middle – Last Name	<input type="checkbox"/>	<input type="checkbox"/>