

Courtesy Work Authorization Northwest Ohio York Rite Festival

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

Date _____

The Offices of _____ Chapter No. _____ request the Northwest Ohio York Festival to do courtesy chapter work on the candidates listed below. Bring Chapter Penny for Candidate!

Secretary

Date _____

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

Recorder

Date _____

The Offices of _____ Commandery No. _____ request the Northwest Ohio York Festival to do courtesy Commandery work on the candidates listed below. Bring Malta Jewel for Candidate!

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"/>