



Chapter of Excellence Event Reporting Form

This form should be completed for each event when required and e-mailed to coe@gademolay.org by the published Chapter of Excellence program deadline.

Chapter Name: _____

Event Name: _____

Event Date: _____

Event Description

Describe the Planning Process for the Event:

Number Attending:

DeMolays: _____

Prospective Members: _____

Advisors: _____

Parents: _____

Rainbows: _____

Other Guests: _____

Key Personnel:

Chairman of Event: _____

Supervising Advisor: _____