

Georgia DeMolay
 Chapter of Excellence Program
 Event Report Form



Chapter Name _____

Event _____

Number in Attendance: DeMolays _____

Advisors _____

Rainbows _____

Other Guests _____

Prospective Members _____

Chairman for the event _____

Supervising Advisor _____

Describe the Planning Process for this
 Event _____

Mail completed forms to:
 Georgia DeMolay
 Director of Programs
 1690 Peachtree Rd.
 Atlanta, GA. 30309