

Courtesy Work Authorization
Northwest Ohio York Rite Festival – May 11th, 2024
(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. Chapter must provide Chapter Penny!!

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 below. Don't forget the Malta Jewell for Candidates.

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"/>