BOARD OF CUSTODIANS

REQUEST FOR EXAMINATIONS FOR COACHES PROFICIENCY IN CATECHISMS

APPLICANT

Date of appli	cation:		
Name: _	First	Middle	Last
Your Lodge I	Name & Number:		
Mailing Address of Applicant:			
Daytime or C	Cell Phone Number:		
Email addres	ss:		
Recommend	ler Name: First	Middle	Last
Recommend	ler Signature:		
(Mu	ıst be an active Class "A" Certif	ied Lecturer or Class "B" C	Certified Instructor)
	<u> </u>	XAMINER	
(Mu	st be an active Class "A" Certif	ied Lecturer or Class "B" C	Certified Instructor)
Name: _	First	N.C. d. all.	Loot
Mailing Address of Examiner:		Middle	Last Zip:
	Cell Phone Number:		
Fmail addres			