

DeMolay Advisor Development Program

Seminar Report Form

To be completed by Certified Seminar Director

Jurisdiction of _____ Total Certified: _____

Date of Seminar: _____ Location: _____

Signed: _____

NEW CERTIFIED ADVISORS The following have completed the Basic Training Seminar of the DeMolay Advisor Development DAD Program.

1. NAME: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

DeMolay Chapter: _____ Chapter#: _____

2. NAME: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

DeMolay Chapter: _____ Chapter#: _____

3. NAME: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

DeMolay Chapter: _____ Chapter#: _____

4. NAME: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

DeMolay Chapter: _____ Chapter#: _____

5. NAME: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

DeMolay Chapter: _____ Chapter#: _____