Elroy Request Form

Send completed form to your District Chairman

LODGE NAME AND NUMBER: _____

DRUG AWARENESS CHAIRMAN or LODGE CONTACT

NAME: _____

EMAIL: _____

PHONE: _____

EVENT INFORMATION

NAME OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

WHAT TIME SHOULD ELROY ARRIVE? _____ AM PM

IF THERE IS NOT SOMEONE AVAILABLE FROM THE LODGE TO WEAR THE COSTUME, DO YOU HAVE SOMEONE ELSE WHO WILL?

_____ YES _____ NO

AGE OF PARTICIPANTS: _____

LOCATION OF EVENT:

_____

STREET CITY STATE ZIP CODE

PLEASE RETURN THIS FORM TO YOUR DISTRICT CHAIRMAN WITHIN 30 DAYS BEFORE EVENT