

YOUTH PROTECTION PROGRAM CERTIFICATION

I _____ certify that the following list of individuals
of _____ Chapter have completed the adult/youth
portion of the Youth Protection Program as required by DeMolay
International on the _____ day of _____ 20_____.

Your Signature _____

PRINT NAME

SIGNATURE

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Please send original to the Executive Officer in your Jurisdiction.

Keep a copy in the Chapter files.