

Arizona DeMolay – State Sweetheart Program Application

Your Information:

State Princess - **or** - State Sweetheart

Full Name: _____

Address: _____ City: _____ State: _____

Your Phone: (____) _____ Your Email: _____ DOB: _____

School Attending: _____ Grade: _____

Favorite School Subject(s): _____

Hobbies/Interests: _____

Clubs/Organizations: _____

Your Signature, Certifying Your Application: _____

My Parental/Guardian(s) Information and Approval:

Father's/Guardian's Name: _____

Father's Phone: (____) _____ Father's Email: _____

Father's Address: _____ City: _____ State: _____

Father's Occupation: _____ Father's Employer: _____

Is Your Father a Senior DeMolay, Master Mason, or Both: _____

Mother's/Guardian's Name: _____

Mother's Phone: (____) _____ Mother's Email: _____

Mother's Occupation: _____ Mother's Employer: _____

Mother's Address: _____ City: _____ State: _____

Signature of Authorized Parent or Legal Guardian: _____

It is a Requirement Each Participant Has a Parental or Adult Female Chaperone, Please List Potential Chaperones:

Chaperone: _____ Relationship to Participant: _____

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State Sweetheart Program Participants Are Expected to Work Toward the Pink Honor Key, Please List Potential DeMolay Members You Would Work to Engage:

Potential Member: _____ Potential Member: _____

Potential Member: _____ Potential Member: _____

Potential Member: _____

