

CHAPTER INSTALLATIONS 2012

Person submitting information: (please print or type)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: VA Zip code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Chapter: \_\_\_\_\_ NO. \_\_\_\_\_

Installation Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Open \_\_\_\_\_ Close \_\_\_\_\_

Ingoing Worthy Matron: \_\_\_\_\_

Ingoing Worthy Patron: \_\_\_\_\_

Installing Officers: \_\_\_\_\_

Lunch/Dinner reservations by: (date) \_\_\_\_\_

Submit this form to [vaoestar@verizon.net](mailto:vaoestar@verizon.net)

Thank you!