**INSTRUCTIONS**

1. Must be child (21 or younger ) of Illinois Master Mason.
2. Complete referral legibly.
3. Email completed referral to Jessica.imcap@ilmason.org

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| **CHILDREN/YOUNG ADULT INFORMATION** |
| Please list all children/young adults 21 or younger. |
| Last Name |  | First Name |  | Middle |  |
| DOB |  | Sex: Male  Female  |
| Address |  |
| Last Name |  | First Name |  | Middle |  |
| DOB |  | Sex: Male  Female  |
| Address |  |
| Last Name |  | First Name |  | Middle |  |
| DOB |  | Sex: Male  Female  |
| Address |  |
| Last Name |  | First Name |  | Middle |  |
| DOB |  | Sex: Male  Female  |
| Address |  |

Names and ages of children/young adults residing in or outside the home not listed above:

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| **PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION** |
| Last Name |  | First Name |  | Middle |  |
| Address |
| Email | Phone |
| **PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION** |
| Last Name |  | First Name |  | Middle |  |
| Address |
| Email | Phone |

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| **MASONIC FATHER/GUARDIAN INFORMATION** |
| Masonic Member Name |
| Lodge Name |  Not Known |



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| **REFERRAL DETAILS** |
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Person completing referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Lodge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person competing referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_