

Moose Service Center **No.**

Date of Institution **Time of Institution**

The following information is required to prepare the necessary documents for the Institution. Failure to promptly return this form could result in a delayed Institution Date.

Institution to be conducted at
Address Street
City
State/Zip Code
County
Phone Number **(At Institution Site)**

The Institution Starter Package will be sent to: (Unless Otherwise Directed)

MSCO NAME
Address Street
City
State/Zip Code
County Phone SSN#

Governor Name
Address Street
City
State/Zip Code
County Phone SSN#

Junior Governor

Name

Address Street

City

State/Zip Code

County

Phone

SSN#

Secretary-Treasurer

Name

Address Street

City

State/Zip Code

County

Phone

SSN#

Mentor Name Contact Phone

State/Zip Code

County

Phone

SSN#

Legion No. District No.