



Illinois DeMolay Sweetheart Court Application



1. Name _____ 2. Date _____

3. Address: _____

4. City, State: _____ 5. Zip Code: _____

6. Phone (____) _____ 7. Birthdate: _____

8. E-Mail Address: _____

9. School Attending _____ 10. Grade: _____

11. Favorite School Subjects: _____

12. Hobbies, Interests: _____

13. Clubs, Organizations: _____

14. Church/Synagogue: _____

15. References: List 3 friends (your age) you have known for three (3) years.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

16. Father's name: _____

17. Address: _____

18. City, State: _____ 19. Zip Code: _____

20. Phone (____) _____ 21. E-Mail Address: _____

22. Mother's Name: _____

23. Address: _____

24. City, State: _____ 25. Zip Code: _____

26. Phone (____) _____ 27. E-Mail Address: _____

28. Is your father a Senior DeMolay? _____ 29. Chapter: _____

My parents approve my joining the Sweetheart Court.

30. Parent/Guardian Signature: _____

31. Applicant's Signature: _____

32. Sponsor's Name and Signature: _____

(A sponsor is any current member of the DeMolay Chapter, Sweetheart Court or Advisory Council)

Your Life Membership Fee of \$10.00 (Ten Dollars)
must accompany this application.