



Message

Service

Community

JUNIOR CATHOLIC DAUGHTERS OF THE AMERICAS

REGISTRATION FORM FOR REINSTATING COURT

NAME OF COURT _____ NO. _____

CITY _____ STATE _____ ZIP CODE _____

SPONSORED BY _____

Name of Senior CDA Court

Location of Senior Court

JUNIOR CHAIRMAN: _____

ADDRESS: _____

CITY, STATE, & ZIP CODE _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

JUNIORETTE CHAIRMAN: _____

ADDRESS: _____

CITY, STATE, & ZIP CODE _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

CHAPLAIN: _____

ADDRESS: _____

CITY, STATE, & ZIP CODE: _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

NUMBER OF JUNIORS: _____ NUMBER OF JUNIORETTES _____

DATE OF INSTITUTION _____

PLEASE SUBMIT THIS FORM WITHIN SEVEN (7) DAYS OF INSTITUTION OF NEW COURT TO THE STATE YOUTH/JCDA CHAIRMAN.

REINSTATING

FORM

NEW COURT

MAKE COPIES IN

BLUE