

LOL HX CAMP

CHAPERONE FORM

First Name _____ Last Name _____

Nickname _____ -Voice Part _____

Home Address _____

City _____ State/Prov _____ Zip Code _____

Telephone (Home) _____

E-Mail Address _____

Chapter Name _____

Send Copies to both:

LOL DIRECTOR OF YMIH Richard Staedt, 1118 E. Byrd St. Appleton, WI 54911