## **AUXILIARY CLOWN REQUEST**

Mail To: Grand Hospital Chairman			Grand:	
Auxiliary Name:	5 104	Number:		
Date:		el receive		
Supreme Mama Clown: Please issue Supreme Clown Cards	s and ni	ns to the foll	owing:	
Name (Please print clearly or type) (Note MOC or Youth., if applicable)	Pin or Bar	Dates of Three (3) Qualifying Visits Made Between May 1, 2023 and April 30, 2024		
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certify that the above have made three reported on an MOCA Auxiliary Hosp Auxiliary Hospital Chairman	oital Rep	oort Form.	Auxiliary Pres	ots synthocy to be no tell the Wedge of the Symptomical comment
Address	t.		E-mail:	or tellicities will be seen
City, State, Zip	de tubis	est godsem		
E-mail:				
f your <b>Auxiliary is not in a Grand</b> , the Hospital Chairman or Auxiliary Hospitan copy for her files.	his form tal Chai	must be sign	ed by the Auxiliary Had one copy to Suprem	ospital Chairman. Grand ne Mama Clown and keep
Grand Hospital Chairman	grants.	A SHIPPING	member story of	
E-mail:				