

## AUXILIARY CLOWN REQUEST

Mail To: **Grand Hospital Chairman**

Grand: \_\_\_\_\_

Auxiliary Name: \_\_\_\_\_

Number: \_\_\_\_\_

Date: \_\_\_\_\_

### ***Supreme Mama Clown:***

Please issue Supreme Clown Cards and pins to the following:

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		
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)
		1)	2)	3)

I certify that the above have made three (3) Hospital Visitations as a Clown, and these visits have been reported on an MOCA Auxiliary Hospital Report Form.

\_\_\_\_\_  
Auxiliary Hospital Chairman

\_\_\_\_\_  
Auxiliary President

\_\_\_\_\_  
Address

E-mail: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

E-mail: \_\_\_\_\_

If your **Auxiliary is not in a Grand**, this form must be signed by the Auxiliary Hospital Chairman. Grand Hospital Chairman or Auxiliary Hospital Chairman is to send one copy to Supreme Mama Clown and keep one copy for her files.

\_\_\_\_\_  
Grand Hospital Chairman

E-mail: \_\_\_\_\_