

AUXILIARY CLOWN REQUEST

Mail To: **Grand Hospital Chairman**

Grand: _____

Auxiliary Name: _____

Number: _____

Date: _____

Supreme Mama/Papa Clown:

Please issue Supreme Clown Cards and pins to the following:

Name (Please print clearly or type)	Pin or Bar	Dates of Three (3) Qualifying Visits Made Between May 1st (beginning of fiscal year) and April 30th (end of fiscal year.)		
		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: _____