

# CHAPTER EXCELLENCE

## POINT SUBMISSION FORM

**Chapter Name:** \_\_\_\_\_.

**Activity Name** (according to the CEP): \_\_\_\_\_.

**Advisor Contact** (name and number): \_\_\_\_\_.

**DeMolay Contact** (name and number): \_\_\_\_\_.

**Detailed Description of Activity:**

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Each year some unique circumstances arise regarding the eligibility of certain activities and point eligibility. The Jurisdictional Officer responsible for the Chapter Excellence Program, in coordination with a member of the Executive Leadership Team, will resolve these matters and their decision will be final.