



Have a Heart Program

Chapter: _____ Date: _____

Master Councilor: _____

Sweetheart: _____

Chapter Event Date: _____

Chapter Event: _____

Describe how this helped the community: _____

Did you publicize the DeMolay name? _____

How? _____

Number of Active members in the Chapter: _____

Number of Members that participated: _____

Number DeMolay prospects that participated: _____

Number of Advisors that participated: _____

Number of Bethels/Assemblies that participated: _____

Did you communicate your event with the Bethels and Assemblies in the Area? ____
Which ones? _____

How? _____

Did any of them participate in this event with you? _____

Who? _____

Are you planning to have another event with each other? _____

Please include a group picture(s), in a place of your choice, for proof that this event was completed and possible submission for display at convention.

I verify that this event did happen and all the requirements were met.

Chapter Advisor

Date



Please mail to the NCDA Office at:
33400 Mission Blvd.
Union City, CA 94587
(510) 489-6232