YOUTH PROTECTION PROGRAM CERTIFICATION

I _____ certify that the following list of individuals of _____ Chapter have viewed the adult/youth portion of the Youth Protection Program as required by DeMolay International on the _____ day of _____ 20_____.

Your Signature _____

PRINT NAME	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please send original to New York DeMolay Headquarters, 2150 Bleecker Street, Utica, NY 13501. Keep a copy in the Chapter files.