



## YOUTH PROTECTION VIDEO FORM

We the members of \_\_\_\_\_ Chapter certify that the Youth Protection program was administrated to our Chapter members on \_\_\_\_\_.

Chapter Master Councilor

Chapter Chairman/Advisor

Print:

\_\_\_\_\_

\_\_\_\_\_

Sign:

\_\_\_\_\_

\_\_\_\_\_

Send completed form to:

Ron Keller  
210 Sycamore Road  
Elkton, MD 21921

Viewing the video in the months of MAY and November is a directive of the Executive Officer and a requirement to be completed twice a year by DeMolay International.