



Grand Assembly of Texas

International Order of the
Rainbow for Girls

January 1, 20__ - December 31, 20__

Youth Protection Program

Reporting Form

Assembly Name and Number: _____

Mother Advisor: _____ Mother Advisor's Telephone Number: _____

Mother Advisor's Email Address: _____

Advisory Board Chairman: _____ Chairman's Telephone Number: _____

Chairman's Email Address: _____

Date of Program: _____ Location of Program: _____

Date of Program: _____ Location of Program: _____

Program for: ____ Adults Number in Attendance: _____

____ Youth Number in Attendance: _____

Description of Program: _____

Program Facilitator: _____ Facilitator's Telephone Number: _____

Please submit this form via U.S. mail to:

Mr. Don Webb

Chairman, Youth Protection
6755 Ridgmar Blvd., Apt. 236
Fort Worth, Texas 76116-1674