

MASONIC EDUCATION  
 LODGE OFFICERS TRAINING COURSE REPORT

DISTRICT NUMBER \_\_\_\_\_

ZONE \_\_\_\_\_ YEAR \_\_\_\_\_

Please TYPE or PRINT LEGIBLY the requested information and send this form to the Grand Secretary's Office and a copy to the Worshipful Master, State, and District Chairman. (Do not send answer sheets.) Certificates will be prepared and returned for immediate presentation.

MODULE 1       MODULE 2       MODULE 3

LODGE NAME/NUMBER	BROTHER'S NAME AND GL MEMBER NUMBER	OFF.	LESSON GRADES								AWARD		
			1	2	3	4	5	6	7	AVG.	CERT	CARD	

Zone Chairman \_\_\_\_\_

Date Taken: \_\_\_\_\_

Date Submitted to GL: \_\_\_\_\_

Address to send Certificates: \_\_\_\_\_ City State Zip: \_\_\_\_\_