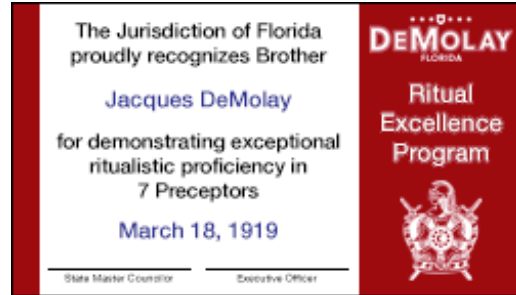


# Red Card Qualification Form Magnificent Seven

\_\_\_\_\_  
Name

\_\_\_\_\_  
Chapter

\_\_\_\_\_  
Member Number



<p><b><u>Magnificent Seven</u></b></p> <p><u>Required Parts:</u> All seven Preceptors (1P, 2P, 3P, 4P, 5P, 6P, 7P)</p>	<p>_____ Date completed</p> <p>_____ Evaluator (Print)</p> <p>_____ Evaluator's Signature</p>
--	---

Once completed, send this form to: [ritualexcellence@fldemolay.com](mailto:ritualexcellence@fldemolay.com)