



Ritual Coordinator Report Form

Name: _____ Chapter: _____
Phone Number: _____ School: _____
Email Address: _____ Officer Term Began: _____
Date: _____ Officer Term Ends: _____

Instructions: Please complete this form and return it to your chapter President. This form must be submitted two weeks prior to your chapter's scheduled visit. For the meeting, please bring your officer materials and any documentation related to your office.

What is your position's title? _____

Is this an elected office? ☐ YES ☐ NO

Describe your responsibilities and expectations:

Chapter has provided opportunities for brothers to read through the Ritual books? ☐ YES ☐ NO

When and where does this read through take place?

Does the chapter have chapter specific rituals or ceremonies? ☐ YES ☐ NO

Have these rituals or ceremonies been approved by a District Governor?

☐ YES ☐ NO

When were the rituals or ceremonies approved?

☐ THIS SEMESTER

☐ THIS YEAR

☐ MORE THAN A YEAR AGO

☐ NOT SURE

Please describe your chapter's preparation process for the Ritual?

How are performers selected for Second and Third Degree?

Does the chapter hold any discussions or activities with the membership candidates regarding the Ritual? If so, please provide examples of these discussions and activities. Who is responsible for leading the discussions and activities?

Does the chapter hold any discussions or activities with the active brothers regarding the Ritual? If so, please provide examples of these discussions and activities. Who is responsible for leading these discussions and activities?

Does the chapter include discussions or activities about the Ritual in a continuing membership education plan?

Do you have any questions regarding Ritual preparations or performance?

Is there anything else you would like to discuss with the CFR?