



MILITARY ORDER OF THE COOTIE OF THE U.S. GRAND DISTRICT OR AREA INSTALLATION WARRANT



TO ALL WHO SEE THESE PRESENTS, GREETINGS

Be It Hereby Known That _____ holding the title of _____
Is hereby directed by the Grand Commander of _____ Military Order of the Cootie of the U.S. to install the
Shavetails of DISTRICT/AREA _____. In accordance with the By-Laws of this Grand and of those of the
Supreme Pup Tent of the Military Order of the Cootie of the United States.

BY ORDER OF: _____ OFFICIAL: _____
Grand Commander Grand Adjutant

I do hereby certify that this warrant was used by me on _____ day of _____ in the year 20____ at this
Location _____,

Address City State Zip

to install the Shavetails of this District/Area listed below as prescribed in the Grand and Supreme By-Laws. I also certify that each
of these Officers dues have been paid for the current year.

Installing Officer _____ Signed _____ Title _____

DISTRICT/AREA COMMANDER

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

SR. VICE COMMANDER

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

JR. VICE COMMANDER

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

QUARTERMASTER

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE:	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

GRAND CHAPLAIN

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE:	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

JUDGE ADVOCATE

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

HISTORIAN

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

SURGEON

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

TIGHTWAD #1

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

TIGHTWAD #2

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

TIGHTWAD #3

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

ADJUTANT

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

OFFICER OF THE DAY

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

GUARD

NAME			
MAILING ADDRESS (STREET or P.O. BOX #)			
CITY		STATE	ZIP
HOME PHONE#	CELL PHONE #	EMAIL ADDRESS:	

NOTE: This report is to be completed on both sides, copied and distributed as follows:
ORIGINAL to Supreme Headquarters, one copy to Grand Adjutant, One copy to the Grand Quartermaster,