



# 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:	

**ALERT!** 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,