

MOC CLOWN REQUEST

Mail To: **Grand Hospital Chairman**

Grand: _____

Pup Tent Name: _____

Pup Tent Number: _____

Date: _____

Supreme Mama/Papa Clown:

Please issue Supreme Clown Cards and pins to the following:

Name (Please print clearly or type)	Dates of Three (3) Qualifying Visits Made Between August 1, 2019 and July 31, 2020		
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)
	1)	2)	3)

I certify that the above have made three (3) Hospital Visitations as a Clown, and these visits have been reported on an MOC Hospital Report Form.

Hospital Chairman

Seam Squirrel

E-mail: _____

Address

City, State, Zip

E-mail: _____

If your **Pup Tent is not in a Grand**, this form must be signed by the Pup Tent Hospital Chairman. Grand Hospital Chairman is to send one copy to Supreme Papa Clown or email photos and paperwork to mwinn_moc@cox.net, and keep one copy for his/her files.

Grand Hospital Chairman

E-mail: _____