

# 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, 2018 and July 31, 2019		
	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](mailto:mwinn_moc@cox.net), and keep one copy for his/her files.

\_\_\_\_\_  
Grand Hospital Chairman

E-mail: \_\_\_\_\_