



**ST. JOHN COUNCIL FOR ONTARIO
SUBMISSION FOR PRIORY VOTE OF THANKS**

Name of Person Presenting Submission:

Mr. Mrs. Miss Ms.

Branch/Community Services Mailing Address:

Surname: _____

Given Names: _____

Home Address: _____

Postal Code: _____

Decorations: _____

Phone Number: _____

This PVOT is recommended as:

an appreciation for community/local support

Solicit

Do not Solicit

REASONS FOR SUBMISSION:

PVOT's may be submitted on an "as required" basis

Two Authorizing Signatures:

(Branch Chair, Honours & Awards Chair, VP Standards, VP Support, Council Chairman, Council Honours and Awards Chair)

Signature

Signature

Print

Print

Title/Date

Title/Date

Initials of the Ontario Council Chairman of Honours & Awards	
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Initials of the Ontario Council President	
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Revised 07/26/04