



MW King Cyrus Grand Lodge & Sheerah Grand Chapter

Sons of Cyrus and Daughters of Sheerah Youth Courts

11400 S. Edbrooke, Chicago, IL 60628



WHO ARE WE

Sons of Cyrus and Daughters of Sheerah Youth Court is a youth organization established under the dedicated leadership of Grand Master Hiram Bradley and Grand Worthy Matron, Antoinette Bradley of Most Worshipful King Cyrus Grand Lodge and Sheerah Grand Chapter governed by the Non-Profit Corporation Act of Illinois 501(c)(3). We are dedicated to encouraging charity, education and excellence of young boys and girls of diverse backgrounds to realize their full potential as productive, responsible individuals.

OUR MISSION

Our mission is to educate and guide young boys and girls to develop a sense of responsibility, ownership, accountability, commitment of service to communities and to work cohesively to model leadership of King Cyrus Grand Lodge and Sheerah Grand Chapter.

ADVANTAGES OF JOINING

- Young people develop important personal and interpersonal skills
- Young people gain self-confidence and self-esteem.
- It can help reduce the risk of being involved in unsafe activities
- Offers an alternative where young people can express themselves to peers and caring adults
- Members participate in a variety of fundraisers, charities, events, and field trips

WHO CAN JOIN

Membership is not limited to the daughters, sons or relatives of Eastern Stars or Masons. Application for membership shall be open to young men and women between the ages of 8 and 17 regardless of race, creed, color, or nationality. An information book (ritual) and a t-shirt is included with membership. The Application fee is \$25.

OUR BELIEF

S.O.C. and D.O.S. believe that if young people are given the guidance, positive experiences and opportunity to discover his or her passion in a positive environment created to succeed, the child will likely choose to stay on the path to success.

For more information:

Email Sons of Cyrus: SOC@kingcyrusgrandlodge.com

Email Daughters of Sheerah: DOS@sheerahgrandchapter.com



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APPLICATION FOR MEMBERSHIP

(Parent/Guardian must complete application)

APPLICANT'S INFORMATION:

I would like for my child to become a member of: Sons of Cyrus Daughters of Sheerah
Child's Name _____ Age ____ Date of Birth _____
Address _____
City, State, Zip _____
Home Telephone _____ Cell Telephone _____
School Attending _____ Grade _____

HEALTH CONDITION:

What is your child's health condition? Excellent Good Poor
Any Known Food Allergies? Yes No
If yes, explain _____
Do you have any disabilities? Yes No
If yes, explain _____

PARENT/GUARDIAN INFORMATION:

Name _____ Relationship _____
Address _____
City, State, Zip _____
Home Telephone _____ Cell Telephone _____
Email _____
Does Parent/Guardian belong to any Masonic Lodge or Eastern Star Chapter? Yes No
If yes, name of Masonic Lodge or Eastern Star Chapter _____

EMERGENCY CONTACT INFORMATION:

Person listed is authorized to be contacted and/or to pick up child in an emergency if the parent or guardian cannot be reached:
Name _____ Relationship _____
Home Telephone _____ Cell Telephone _____

Parent/Guardian signature is required:

Date _____

SONS OF CYRUS AND DAUGHTER'S OF SHEERAH PHOTO RELEASE

I _____ grant permission for King Cyrus Grand Lodge, Sheerah Grand Chapter, Sons of Cyrus and Daughters of Sheerah to use my minor child, _____ photograph and/or videos to promote activities for their organization. I understand that images and video may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me, my child, MW King Cyrus Grand Lodge or Sheerah Grand Chapter, Sons of Cyrus and Daughters of Sheerah by reason of such use without notification.

Parent/Guardian signature is required:

_____ Date _____

EMERGENCY MEDICAL CARE CONSENT

I _____ authorize King Cyrus Grand Lodge, Sheerah Grand Chapter, Sons of Cyrus and Daughters of Sheerah to secure EMS and medical care for my minor child, _____ when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

Parent/Guardian signature is required:

_____ Date _____

Application fee is \$25 NON-REFUNDABLE. Do not mail cash. Please include a check or money order payable to Sons of Cyrus or Daughters of Sheerah.

MAIL APPLICATION AND APPLICATION FEE TO:

**Most Worshipful King Cyrus Grand Lodge
11400 S. Edbrooke
Chicago, IL 60628**

