Most Excellent Grand Chapter Holy Royal Arch Masons – P.H.A. Jurisdiction of Pennsylvania

Request for Dispensation

					D	ate:
l,		Most	Excellent I	High Priest o	of	
Chapter No do he	ereby make	request for dis	spensation	as indicate	d below:	
() Degree Work		Nu	mber of C	andidates ()	
4 th	5 th	6 th			7 th	
() Church Service						
Date:	Place:					
() Out of State Visitation						
Date:	Place:					
() Social Activity						
Date:	Place:					
() Change of Meeting Ni	ght					
From:		To: _				
() Other:						
					Sec	retary
					Most Excelle	ent High Priest
Chapter Seal						
Date Received:			USE ON	LY		
Approved:		•				
Date Issued:						
Fee:						
Public Communication Ap	proved:	Yes	No _			
Dispensation No						
			_			
				Excellen	t Area Deputy	Grand High Priest