

Special Dispensation Request

It was moved and seconded on (date) _____

to request a Special Dispensation for Assembly _____

Please check one of the following reasons. Be sure to include date of meeting to be changed.

_____ Special Meeting Date _____

_____ Change Meeting Date from _____

to _____.

_____ Change Meeting Place from _____

to _____.

_____ Other _____

Reason or Purpose: _____

Mother Advisor Signature: _____

Mother Advisor's Address: _____

Advisory Board Chairman Signature: _____

Request must be accompanied by an Assembly check for \$3.00.

Special Dispensations may only be requested by the Mother Advisor.

Send dispensations to: Mrs. Helen Snedden, Supreme Deputy
613 Library Avenue, Carnegie, PA 15106