**MYRA GRAND CHAPTER**

 **Order of the Eastern Star, P.H.A.**

**Jurisdiction of Maryland**

**APPLICATION FOR DISPENSATION**

Date:

TO: Grand Worthy Matron

 Myra Grand Chapter, OES, PHA

 1307 Eutaw Place

 Baltimore, MD 21217

FROM: District Deputy Grand Matron

I, the undersigned, request that a dispensation be granted to:

District No. Located at:

Reason/Purpose for Dispensation:

.

 Fundraiser: (Please Include Check for $3.00 Fee)

.

 Non-Fundraiser: (No Fee Required)

Location of Activity:

Date of Activity: Time: to

 Day of Week Date (Month/day/year )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Deputy Grand Matron

Telephone Number:

|  |  |
| --- | --- |
| Name of Insurance Company |  |
| Policy Number: |  |

|  |
| --- |
| **THIS SPACE IS RESERVED FOR MYRA GRAND CHAPTER USE ONLY!** |
| Reviewed By Grand Secretary: | Date: |
|  | **Y** | **N** | Reason for Denial |
| Tickets Approved |  |  |  |
| Flyers/Letters Approved |  |  |  |
| **APPROVING AUTHORITY** |
| Date Granted: | Date Denied: |
| Reason for Denial: |
| Grand Worthy Matron |