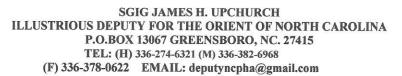


DR. G. WESLEY ALLEN COUNCIL OF DELIBERATION ORIENT OF NORTH CAROLINA





Must be receive 30 days in advance

REQUEST FOR DISPENSATION

	Date of Request	
Consistory#		
Place		
City/State	Time	
	Commander-in-Chief KSA	
	ADDRESS	
Seal		
	PHONE NUMBER	
	Email address	
ved	S GIG James H. Upchurch Date	
	nnd/or holdPlace	

NOTE: Deputy's dispensation must be secured for each event. (\$5.00 for all revenue events)

Two copies must be sent with each request.

MAKE CHECKS PAYABLE TO: Dr. G. Wesley Allen Council of Deliberation