



**MOST WORSHIPFUL UNION GRAND LODGE OF FLORIDA  
MOST ANCIENT AND HONORABLE FRATERNITY, F & A. M., STATE OF  
FLORIDA, BELIZE, CENTRAL AMERICA AND JURISDICTIONS INC., P.H.A**



**DISPENSATION REQUEST**

**Masonic House:**

- Blue House                      Lodge Name: \_\_\_\_\_  
 Order of Eastern Star          Chapter Name: \_\_\_\_\_  
 Heroines of Jericho          Court Name: \_\_\_\_\_

**Requestor's Name & Position:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**District Deputy Grand Master/District Deputy Grand Worthy Matron/District Deputy Grand Most Ancient Matron Name & Contact Phone #:**

\_\_\_\_\_

**Dispensation Request Reason:**

- Parade Attendance w/Regalia - \$25 (*OES & HOJ Sisters must be in cars or floats if regaled*)  
 Parade Attendance w/o Regalia - \$0  
 Church Service Attendance w/Regalia (Non-Festive Day) - \$0  
 Lay Cornerstone - \$0  
 Change Name of Lodge / Chapter / Court - \$50  
 Change Meeting Date/Time – Temporary: \$25 / Permanent \$50\*  
 Change Meeting Location – Temporary: \$25 / Permanent \$100  
 COVID Protocol Period: Request to host an indoor event - \$25  
 COVID Protocol Period: Request to host a public virtual event (with/without Regalia) - \$25  
 Hold Lodge Election (Late/Post the timeline directed by Grand Master) - \$25  
 Special Election - \$25  
 Banquet/Reception/Social Event - \$25\*\*  
 Outdoor Community Service Events/Picnics (w/o Regalia) - \$0\*\*  
 Outdoor Community Service Events/Picnics (w/Regalia) - \$25\*\*  
 Other: \_\_\_\_\_

*The Dispensation Fee for the reason "Other" will be determined by Most Worshipful Grand Master*

*\* To change your meeting date and time, you must also submit a request to update your Lodge's By-Laws to the Constitution and By-Laws Committee prior to the next Grand Session.*

*\*\*Liability insurance and additional licenses may be required*

**Event Date:** \_\_\_\_\_

**Event Address/Location:** \_\_\_\_\_

**Dispensation Request Details: (*Provide detailed information on your request*)**

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Submitted On (Date): \_\_\_\_\_

***Note: All OES & HOJ Dispensation Requests must be first sent to your respective Department Head for review.***

DO NOT WRITE BELOW THIS LINE

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TO BE COMPLETED BY THE ZONE COORDINATOR

- Request Approved                       \*Dispensation Fee \_\_\_\_\_
- Request Denied
- Request Approved with the Following Requirements:

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Zone Coordinator: \_\_\_\_\_

Zone Coordinator Contact Number: \_\_\_\_\_

Zone Coordinator Signature: \_\_\_\_\_

*\*The Dispensation Fee will be refunded if the request is denied.*

ALL PETITIONS ARE SUBJECT TO APPROVAL BY THE  
MOST WORSHIPFUL GRAND MASTER