

REGISTRATION FOR WORKSHOP

DISTRICT DEPUTY _____ DISTRICT NO. _____

LODGE NAME / NO.		
OFFICE	NAME	AMOUNT PAID
WORSHIPFUL MASTER		
SECRETARY		
TREASURER		

LODGE NAME / NO.		
OFFICE	NAME	AMOUNT PAID
WORSHIPFUL MASTER		
SECRETARY		
TREASURER		

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SECRETARY		
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SECRETARY		
TREASURER		

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OFFICE	NAME	AMOUNT PAID
WORSHIPFUL MASTER		
SECRETARY		
TREASURER		

LODGE NAME / NO.		
OFFICE	NAME	AMOUNT PAID
DISTRICT DEPUTY		
ASST. DISTRICT DEPUTY		
GRAND INSTRUCTOR		
ASST. GRAND INSTRUCTOR		
OTHER		

TOTAL AMOUNT PAID	
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