

# *LAOH TRISTATE SHAMROCK DEGREE TEAM*

## *Registration for Degrees Exemplification*



Greetings Sisters! The TriState Shamrock Degree Team will be conferring the Major Degrees of the LAOH on Saturday, August 2<sup>nd</sup> at Hilton Garden Inn, 4050 Cox Rd., Glen Allen, VA.

The fee is \$35.00 for candidates and \$20.00 for observers. To be an observer you must have already received your Degree. Pre-registration is required, please register ASAP! **Deadline for registration is Tuesday July 15<sup>th</sup>. Our policy is that there will be NO WALK INS accepted at the door.** Also, please note on this form if you have any special needs. (e.g., difficulty standing/walking).

If you have any questions pertaining to the Degree or to registration you can also contact me (Director) Lori Forbes, [Lmsforbes2@gmail.com](mailto:Lmsforbes2@gmail.com) / (804)437-1521 or Our (Secretary) Kay Grill, [everoptimist54@yahoo.com](mailto:everoptimist54@yahoo.com) / (703)399-1155.

The fees are \$35.00 for candidates, \$20.00 for observers.

There are a few ways that you can register and pay for the Degree Exemplification.

1. Scan/Email the registration form and the fee.

Scan/Email to Jennifer Frost at [valaohstatetreasurer@gmail.com](mailto:valaohstatetreasurer@gmail.com)

And make your payment by Venmo: @dowdlaoh.

2. Snail mail your registration form and payment. In this event, please send to

Jennifer Frost

3869 Ogilvie Court, Woodbridge, VA 23192

Please make checks payable to "LAOH TriState Shamrock Degree Team"

**Registration Form for Degree Ceremony  
(One form for each candidate or observer)**

I wish to receive/observe the Major Degrees of the LAOH at Virginia State Convention

\_\_\_Candidate (\$35.00)

\_\_\_Observer (\$20.00)

**Deadline for Registration is Tuesday July 15**

**Again, we ask that you respect our NO WALK INS Policy.  
Thank you for your understanding.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Email Address for confirmation of registration

\_\_\_\_\_  
Special Needs

Division Name/Number \_\_\_\_\_

County \_\_\_\_\_

LAOH Membership Date \_\_\_\_\_

**For Observers: Please be ready to present your Degree Card at the registration table.**

Please list the date you made your Degree \_\_\_\_\_

Degree Team that performed the Exemplification \_\_\_\_\_

Location \_\_\_\_\_