

Imperial Court

Auxiliary of the A.E.A.O.N.M.S. of North and South America and its Jurisdictions Inc.



DISPENSATION REQUEST FORM

Date _____
(Please print or type)

To: Office of the Imperial Commandress

_____ Court No. _____ Oasis _____ Desert _____ requests the following:

(A) Dispensation to have/hold/participate in _____

Date _____ Time _____ Address _____

Regalia being worn: Yes _____ No _____

(B) Dispensation to change _____

From: Date/Time/Address _____

To: Date/Time/Address _____

Reason _____

NOTE: Attach a copy of the Certificate of Liability Page of the Court's Liability Insurance to this Dispensation Request Form. Failure to do so will result in the request being denied.

[SEAL]

Illustrious Commandress

Attest: Recordress

Address

City State/Zip

Telephone Number (Including Area Code)

SCHEDULE OF FEES:

Non-Revenue/Non-Fundraisers producing events	\$10.00
Revenue/Fundraisers) producing events	\$20.00
Penalty for late submission	\$100.00

Note: DISPENSATIONS MUST BE SECURED FOR EACH EVENT, WHETHER OR NOT IT PRODUCES REVENUE.

Checks and money orders should be made payable to:
"IMPERIAL COURT" and must accompany the
Dispensation Request form.

APPROVED _____ DENIED _____
_____ Imperial Commandress
_____ Date

Must be received by the office of the Imperial Commandress via U.S. Postal Service at least sixty (60) days before the event.