

# REQUEST FOR THIRD DEGREE CONFERRING OFFICER AND STAFF

**MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO DEGREE DATE**

## Worthy State Ceremonials Chairman;

It is requested that a Third Degree Conferring Officer and his staff be assigned to:

District: \_\_\_\_\_ Chapter: \_\_\_\_\_

Date of Degree: \_\_\_\_/\_\_\_\_/\_\_\_\_ Host Council: \_\_\_\_\_

Registration Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

Degree Location: \_\_\_\_\_ Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Degree Honoree: \_\_\_\_\_

Expected Number of Candidates: \_\_\_\_\_

Will there be a Second Degree? Yes  No  Banquet After? Yes  No

*(Conferring Officer or his designee and the Host District Deputy will settle Staff expenses in accordance with State Expense Guidelines. Mileage for one (1) car at \$0.28 per mile plus tolls. PLUS \$1.00 per candidate, minimum 30 and \$5.00 per actual candidate. Team is entitled to suitable refreshments before and after the Degree)*

Chapter Ceremonial Chairman: \_\_\_\_\_  
*Print Name* *Signature*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter President: \_\_\_\_\_  
*Print Name* *Signature*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Host District Deputy: \_\_\_\_\_  
*Print Name* *Signature*

Address: \_\_\_\_\_  
*Street* *City* *State* *zip*

**NOTE: NO REQUEST WILL BE CONSIDERED WITHOUT THE ABOVE SIGNATURES  
SEND/FAX THE COMPLETED REQUEST TO THE STATE CEREMONIALS CHAIRMAN**

State Ceremonials Chairman  
Gary V. Nelson PSD  
171 Lexington Ave  
San Leandro, California 94577  
Phone: 510-409-0014  
FAX: 510-567-9940  
[g\\_v\\_nelson@msn.com](mailto:g_v_nelson@msn.com)