

“Grand High Priest’s Official Visit Form”

- 1). Day/Date of Visit: _____ Time: _____ A. M. P. M.
 Type of Visit: Chapter District Other (*Specify on back*).
 Chapter No. ____; District No. ____.
 Host Organization: _____
 Indicate the other District(s) and Chapter(s) involved, by Name and No.:
 _____; _____; _____;
 _____; _____; _____;
- 2). Location of Meeting Place: _____
 Tele. No.: _____
 Address: _____
 Directions (GPS): _____
 Continue 4 miles and turn right on S Church St; Masonic temple will be 1.8m on the right
- 3). Activities Planned (***Check all that Apply***):

	YES	NO	TIME
Meal(s): BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/>			_____
Ladies and/or Family	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tiled Meeting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Youth Organizations (<i>Specify on back</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Masonic Organizations (<i>Specify on back</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
- 4). Dress for ***Chapter*** Officers: Tuxedo White Dinner Jacket Business Suit
- 5). Grand Chapter Officers have been invited by letter? YES NO
 Past Grand High Priests have been invited by letter? YES NO
- 6). Accommodations for Grand High Priest’s Party (***In name of Grand High Priest***):
 Place: _____ Tele. No.: _____
 GPS Address: _____
- 7). Persons to contact in case of emergency situations (2):
 Name: _____ Tele. No.: _____
 Name: _____ Tele. No.: _____
- 8). Name of person to assist or guide the Grand High Priest upon his arrival:
 Name: _____ Tele. No.: _____
 Address: _____
- 9). Name of person to assist the Grand High Priest’s wife/Lady:
 Name: _____ Tele. No.: _____
 Address: _____
- 10). Name of person submitting this form (***Include District or Chapter No.***):
 Name: _____ Tele. No.: _____
 Email of person submitting this form: _____
 District No. ____; Chapter No. ____.

Note: Make a “Copy” of this document for your records.

Send the “Original” to the Administrative Professional of the Grand High Priest:

***You must return this form at least six (6) weeks prior to the date of visit.
 An e-mail response will be returned to you as confirmation of the visit.***

In case of emergency or change, contact:

THE ADMINISTRATIVE ASSISTANT OF THE GRAND HIGH PRIEST:

***Joseph Brandon Hale
Email: hale.joseph.b@gmail.com
P.O. Box 1154
Lebanon, VA 24266
Tele: 276-971-6095 (C)***

FOR THE ADMINISTRATIVE ASSISTANT'S USE ONLY!:

Members of Grand High Priest's Party	
Accommodations Needed and Duration	
Please inform the Administrative Professional of accommodation arrangements when finalized!	