YELDUZ SHRINE CENTER ABERDEEN, SD 57401

	Date
We	request permission and approval of the
(Name of Unit) Potentate to appear or participate in a	
On	(Event)
(City or location)	(Time)
Name of sponsoring organization	
Approval:	(Signature of Unit Officer)
	(Title)
Potentate / Date	
225	174
YELDUZ SHRINE CENTER ABERDEEN, SD 57401	E CENTER D 57401
	Date
We_	request permission and approval of the
(Name of Unit) Potentate to appear or participate in a	at
no	(Event)
(City or location)	(Time)
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Approval:	(Signature of Unit Officer)
Potentate / Date	(Title)