

*LAOH PHILADELPHIA COUNTY TARA DEGREE TEAM*

*Registration for Degrees Exemplification*



Greetings Sisters! The Philadelphia Tara Degree Team will be conferring the Major Degrees of the LAOH on Sunday, December 1, 2024

Roman Catholic High School  
301 N. Broad Street  
Phila., PA 19107

We offer free off-street parking and elevators in the building.

The registration table will be open at 12:00PM and the Ceremony will begin at 1:00PM. Be Our Guests! Light refreshments will be offered after the ceremony. As Sisters, it will be lovely to spend few hours on a Sunday afternoon together.

The fee is \$25.00 for candidates and \$10.00 for observers. To be an observer you must have already received your Degree. Pre-registration is required, please register ASAP! **Deadline for registration is Friday, November 22, 2024. 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 Maureen Dougherty Brown [bmaureen51@gmail.com](mailto:bmaureen51@gmail.com) /215-495-3015. Thank you.

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

Scan registration form to Maureen Dougherty Brown [bmaureen51@gmail.com](mailto:bmaureen51@gmail.com) or

Mail your registration form  
Maureen Dougherty Brown  
412 Rollings Gate Apt. B2  
Bensalem, PA 19020

Payment can be sent as well with your registration.

(Please make checks payable to "LAOH Philadelphia County Tara Degree Team")

or

Venmo @TaraDegreeTeam (Alice Murray)



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

I wish to receive/observe the Major Degrees of the LAOH

\_\_\_Candidate (\$25.00)                      \_\_\_Observer (\$10.00)

**Deadline for Registration is Friday, November 22, 2024.  
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 \_\_\_\_\_