

Ladies Ancient Order of Hibernians  
Bridge To Ireland  
Degree Team



Registration Form for Degrees

The exemplification of the Major Degrees of the Ladies Ancient Order of Hibernians will be given on **Sunday, June 9<sup>th</sup>, 2024** at Hibernian Baile Nna Gael Hall located at **2750 Gerritsen Ave., Brooklyn, NY 11229** (Gerritsen Beach section of Brooklyn).

**Registration begins at 12:30pm and the Degree Ceremony will begin at 1:30pm.**  
**ALL candidates must arrive and be seated by 1:15pm.**

ALL LAOH members that have not taken their Degree should make every effort to attend. All LAOH members that have received their Degree are welcome and encouraged to attend as observers.

Please complete the below registration form and Email forms to [LAOHBKLYN@AOL.COM](mailto:LAOHBKLYN@AOL.COM) and mail check **made payable to: Ladies Ancient Order of Hibernians,**  
**c/o Mary Hogan 64 Nautilus Street, Staten Island, NY 10305**  
in the memo indicate DEGREE.

Pre-registration is required for both candidates and observers;  
***one form for each person.***

The fee is **\$30.00 per person for Candidates**, which includes light refreshments, Degree card, and Degree Pin; and if you wish you may request an optional Degree Certificate (see below).

The fee is **\$20.00 per person for Observers**, which includes light refreshments. Please note that an Observer must have taken her Degree in order to attend.

**The deadline for registration is June 2<sup>nd</sup>, 2024.** For questions pertaining to the Degree, please contact Mary Hogan at [LAOHBKLYN@AOL.COM](mailto:LAOHBKLYN@AOL.COM) or call 917 699-9290.

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I wish to attend the Major Degrees of the LAOH on Sunday, June 9<sup>th</sup>, 2024 in Brooklyn, NY  
\_\_\_\_\_ Candidate \$30.00 (includes Degree Card & Pin) \_\_\_\_\_ Candidate Certificate \$5.00 (Optional)  
\_\_\_\_\_ Observer \$20.00

**PLEASE TYPE or PRINT:**

Name as it appears in our Membership Records: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ EMAIL \_\_\_\_\_

DIV# \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_