

PERMISSION REQUEST

The _____ Club / Unit seek the approval of the Potentate of Ainad Temple for the following activity:

Charitable Fundraiser Yes ___ No ___ (Where 100% of net proceeds benefit the Shriners Hospital for Children.) Has the Imperial Potentate and the Chairman of the Board of Trustees granted permission yet? Yes ___ No ___ Date _____

Fraternal Fund Raiser Yes ___ No ___
(Where the net proceeds benefit the Temple, Club, Unit or other activity.)

Requested by: _____ Today's date: _____

Type of event: _____

Where? (City / location) _____

Is the event / activity outside the jurisdiction of Ainad Temple? Yes ___ No ___

Date of event / activity: _____ Duration in time: _____

Expected amount of donation, fee, or revenue? \$ _____

A detailed Income / Expense report will be returned within 60 days of event? Y ___ N ___

Will any food or alcohol be sold to the public? Yes ___ No ___ . Which? _____

Are any contracts or legal documents required for this event? Yes ___ No ___

Have you sent any such documents to the Office or Temple attorney for review? _____

Do you require any additional Insurance coverage for this event? Yes ___ No ___

If so, what kind? _____ Amounts _____

Special coverage obtained from: _____ When? _____

Will you print or distribute any Printed materials? Yes ___ No ___

Does any Promotional Material contain a Statement of Purpose? Yes ___ No ___

Does your Promotional Material for Fraternal Events contain a Disclosure? _____

(Example - Payments / Donations **are not** deductible as a Charitable contribution.)

Will you be complying with the law of the land? Yes ___ No ___ and, also, The

Imperial Shrine guidelines contained in General Order Number One? Yes ___ No ___

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The Potentate grants: Approval or Disapproval for this request.

(Signed): _____ Date: _____

Please return to sender by: _____ (Signed) _____

To: Name _____

Phone: home _____ work _____ Fax _____

Notes: _____

Please allow at least 2 weeks for a response to your request.

(Revised January 2000)