

AINAD SHRINERS PERMISSION REQUEST

The _____ Shrine Club / Shrine Unit seeks the approval of the Potentate of the Ainad Shriners for the following event or activities:

FRATERNAL FUNDRAISER: Yes____ No____

(Where the net proceeds benefit the Temple, Club, Unit or other)

CHARITABLE FUNDRAISER: Yes____ No____

(Where 100% of net proceeds benefit the Shriners Hospital for Children)

Have the Imperial Potentate and the Chairman of the Board of Trustees granted permission yet?

Yes____ No____ Date of approval from HQ: _____

A detailed Income/Expense report will be reported within 60 days of event? Yes____ No____

Type of event: _____

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

Where: (City / Location) _____

Date of event /activity: _____

Duration in Time: (days or hours) _____

Is the event / activity outside the jurisdiction of Ainad? No: ____ Yes: ____ Which? _____

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 legal documents to the Office or Ainad attorney for review? _____

Do you require any additional or special insurance coverage for the event? Yes____ No____

If so, what kind? _____ Amounts requested: _____

Special coverage obtained from whom: _____ phone # _____

Will you, have you, print(ed) or distribute any printed materials? Yes____ No____

Does all your promotional material contain our Statement of Purpose? Yes____ No____

Does all your promotional material contain our proper Disclosure? Yes____ No____

(Example – Fundraiser to benefit the Ainad Shriners General Fund / Payments /Donations are not deductible as a charitable contributions.)

Will you be complying with the law of the land? Yes____ No____ and also,

Shriners International guidelines contained in General Order Number One? Yes____ No____

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The Ainad Potentate grants: Approval or Disapproval for this request.

(Signed): _____ Date: _____

(Potentates signature)

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Person requesting approval: _____ today's Date: _____

Return completed form to (print name) _____

Return to this Address at: _____

Phone: Home: _____ Cell: _____ Fax: _____

Notes:

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Please allow at least 2 weeks for a signed approval to your request. (Revised January 2012)