

PERMISSION REQUEST FORM

FROM _____
(Name of Unit, Shrine Club, etc.)

TO _____
(participate, hold, conduct, etc.)

NAME OF EVENT _____
(parade, dinner, concert, etc.)

to be held at _____

Date _____ Time _____

Sponsor of Event(s) _____

Mode of Transportation used if event is outside the Unit's hometown: _____

APPROVED _____ DISAPPROVED _____

REMEMBER – ALL fund raising events are to be in Compliance with General Order #2.

____ Proceeds are for the benefit of Abu Bekr Temple or _____ Unit/Club. **Please return to Shrine Office
Or mail to PO Box 3347, 51102
Or email to: RWL2112@gmail.com**

Please return only one (1) copy to the Recorder's Office at least a week BEFORE the event.

____ Proceeds are for the benefit of Shriners Hospitals for Children.
Contact Person _____
Phone Number _____

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