## PERMISSION REQUEST FORM

FROM			
(	Name of Unit, S	Shrine Club, etc.)	
ТО		4	
OT	(participate, hol	d, conduct, etc.)	. 1
NAME OF EVENT			
TOTAL OF BYBEN	(parade, dinner	r, concert, etc.)	
to be held at		,	
to be held at			
Date	Ti	ime	
Sponsor of Event(s)			
Mode of Transportation used if event is outs			
whole of Transportation used if event is out	ide the Office	mometown.	
APPROVED		DISAPPROVE	
REMEMBER - ALL fund rais	sing events are	to be in Compli	ance with General Order #2.
			Please return to Shrine Office
Proceeds are for the benefit of Abu Bekr Te	mple or	Unit/Club.	Or mail to PO Box 3347, 51102
Please notion only one (1) co	ny to the Dec	ander's Office	Or email to: RWL2112@gmail.com at least a week BEFORE the event.
Proceeds are for the benefit of Shriners Hos	pitals for Childre	en.	
	Conta	act Person	
		Phone Numi	per
FROM	9	EQUEST FOI	
(1	Name of Unit, S	hrine Club, etc.)	
то			
(	participate, hold	l, conduct, etc.)	
NAME OF EVENT			
	(parade, dinner,	, concert, etc.)	
to be held at			
Date			
Sponsor of Event(s)			
Mode of Transportation used if event is outsi	ide the Unit's l	nometown;	
APPROVED		DISAPPROVE	ED
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01			Or email to: RWL2112@gmail.com
Proceeds are for the benefit of Shriners Hosp			at least a week BEFORE the event.
			er
		Phone Numb	er