FUND-RAISING ACTIVITY APPROVAL FORM

We respectfully request permission to hold the following fund-raising activity:

____Fraternal Purpose: The statement of purpose, disclaimer and disclosure published on its solicitation materials, tickets, programs and documents regarding the use of the proceeds shall read: "Net proceeds are for the benefit of _____ (Shrine Club/Unit) activities. Payments are not deductible as charitable contributions. Entrants agree to hold harmless <Club> and Abou Ben Adhem Shriners from any loss, damage or injuries."

____Charitable Purpose: The statement of purpose and disclaimer published on its solicitation material, tickets, programs, and documents regarding the use of the proceeds shall read: "Net proceeds are for the benefit of Shriners Hospitals for Children. Entrants agree to hold harmless <Club> and Abou Ben Adhem Shriners from any loss, damage or injuries."

Sponsor of the event (Unit or Shrine Club):_____

Type of event: _____Date(s) of event: _____

Location of event:_____Start & End time of event_____

Event is (check one): _____ Open to the public _____ Members only

Will alcohol be sold or included with admission? _____ Yes _____ No

Catering Permit Application Attached? _____ Yes _____ No

Requested by Rajah, President or Chairman: _____

Mailing address: _____

Phone: _____ E-mail: _____

Signature: _____Date _____

By signing , I certify that the above event, if approved by the Potentate, will be in compliance with all Local, State and Federal Law, Shrine Law and the Abou Ben Adhem bylaws and Orders. I also state that all necessary permits, permissions and other required items not listed here will be duly filed or executed as required for the lawful hosting of this event.

The completion of the above information follows the Shrine Fund-Raising Policy and Procedures as defined in the General Order No.1 under the Fund-Raising Activities section. Do not use this form for third party fund-raising events benefiting Shriners Hospitals for Children. A separate letter must be submitted stating the event coordinator's name, mailing address and phone number.

**********Check List For Temple Use Only**********

Request Number_____ Request Received _____/____/____

_____ ____/____/____ _____ ____/____/____

Approved by committee/ Date Potentate's Approval / Date

Financial results received ____/____/____ File closed ____/____/____

For a charitable fund-raiser, assigned Charity Activity Event No._____

Charitable net proceeds transmitted to Imperial Headquarters: ____/____/____

REV. 10-18