

# 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 any documents regarding the use of the proceeds shall read: "Proceeds are for the benefit of Abou Ben Adhem Shriners \_\_\_\_\_ Club/Unit activities. Payments are not deductible as charitable contributions. Entrants agree to hold harmless \_\_\_\_\_ club/unit 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: "Proceeds from this \_\_\_\_\_ (event/activity) 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): \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of event: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

Physical Address of event: \_\_\_\_\_

Start time \_\_\_\_\_ a.m. /p.m. End Time \_\_\_\_\_ a.m./p.m.

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

Will club/unit be selling/serving alcohol? \_\_\_yes \_\_\_no

Catering/Picnic license needed \_\_\_yes \_\_\_no

If raffling an item enter item value \$ \_\_\_\_\_

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 proceeds transmitted to Imperial Headquarters: \_\_\_/\_\_\_/\_\_\_