

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 the 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) _____

Does the Ainad office have a current copy of all insured items needing insurance? Yes _____ No _____

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

The Ainad Potentate grants: Approved _____ or Disapproved _____ for this request.
Potentate: _____ Date: _____
(Signature)

Person requesting approval: _____

Date: _____

Return completed form to

Print Name: _____

Address: _____

Phone: Home: _____ Cell: _____ Fax: _____

Notes: _____

Please allow at least 2 weeks for a signed approval to your request.