

# AINAD SHRINERS PERMISSION REQUEST FORM

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 event. Yes \_\_\_ No \_\_\_

Type of event: \_\_\_\_\_

Where: (City / Location) \_\_\_\_\_

Date of event /activity: \_\_\_\_\_

Duration in Time: (days or hours) \_\_\_\_\_

Expected amount of donation, fee, or revenue? \$ \_\_\_\_\_

Is the event / activity outside the jurisdiction of Ainad? No: \_\_\_ Yes: \_\_\_ 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 the,

Shriners International guidelines contained in General Order Number One? Yes \_\_\_ No \_\_\_

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**The Ainad Potentate grants:** Approval or Disapproval for this request.

(Signed): \_\_\_\_\_ Date: \_\_\_\_\_

(Potentates signature)

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This section must contain the requested information before approved by the Potentate:

Return completed form to (print name) \_\_\_\_\_

Person requesting approval: \_\_\_\_\_ today's Date: \_\_\_\_\_

Return to this Address at: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Notes: \_\_\_\_\_

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Please allow at least 2 weeks for a signed approval to your request. (Revised January 2017)