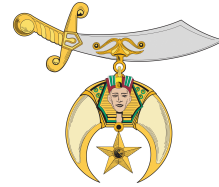




MIZPAH SHRINE CENTER
Fort Wayne, Indiana



FUNDRAISER, PERFORMANCE & PARADE REQUEST FORM

To Illustrious Potentate

We have received a request for our Unit/Club to appear at the following engagement:

Unit/Club _____

Event Name _____

Location _____

Sponsored By _____

Date & Time _____ at _____

Marshaling Area _____

Transportation Needed Yes No

***For ALL Fundraisers – a report showing Income & Expenses should be
filed with Recorder within 60 days of event**

Name of person making the request (please print)

Signature of person making the request

Mailing Address City State Zip

Residence Phone Business Phone

Potentate's Signature

Date