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