

HADI SHRINERS



6 Walnut Street • PO Box 1 • Evansville, IN 47701-0001

Telephone: 812-423-4285 • Fax: 812-421-4477

www.hadishrine.org

OUTSIDE EVENTS REQUEST FORM

(Request for Unit Permission to appear at any events other than Hadi activities)

UNIT: _____

PLACE OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

NATURE OF EVENT: _____

SPONSORED BY: _____

OTHER DATA: _____

SUBMITTED BY: _____ ADDRESS: _____

TITLE: _____ DATE SUBMITTED: _____

ABOVE REQUEST

APPROVED _____

REJECTED _____

DATED: _____ POTENTATE: _____

1. Copy returned to requesting Units.
2. Copy to Major, Uniformed Units.
3. Original - Shrine File.
4. Copy to Insurance.

(THIS MUST BE FILLED OUT AND RETURNED TO THE OFFICE BEFORE THE EVENT)

HADI SHRINERS P.O. BOX 1 EVANSVILLE, INDIANA 47701

FORM 1016-M