

RAMESES SHRINERS

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Office Hours: Monday - Friday – 8:30 a.m. – 4:30 p.m.

Website: www.rameses-shriners.ca Headquarters Email: shrinerooffice@rogers.com

NAME OF CLUB _____ NAME OF UNIT _____

APPLICATION FOR APPROVAL FUNDRAISING ACTIVITY/EVENT

Application must be submitted 45 Days prior to event and must be approved before printing

TYPE OF FUNDRAISING EVENT: _____ FRATERNAL _____ CHARITABLE _____ PARADE
_____ WALKABOUT _____ PUBLIC RELATIONS _____ MEETING _____ OTHER

NAME OF ACTIVITY: _____

DATE(S) TO BE HELD: _____

WHERE TO BE HELD: _____

SOLICITATION TO: _____ SHRINERS _____ NON-SHRINERS _____ BOTH \$ _____ PRICES

ESTIMATED GROSS SALES: \$ _____ ESTIMATED NET PROCEEDS \$ _____
NO PROFIT OR BREAK EVEN _____

DISTRIBUTION TO: _____ SHRINERS HOSPITAL FOR CHILDREN, MONTREAL
_____ RAMESES TEMPLE – S.H.C. TRANSPORTATION FUND – BINGO/NEVADA
_____ RAMESES TEMPLE _____ CLUB / UNIT
_____ OTHER (EXPLAIN): _____

ONE OF THE FOLLOWING MUST ACCOMPANY THIS APPLICATION OR APPROVAL IS NOT GRANTED
_____ SAMPLE TICKET _____ LITERATURE _____ FLYER _____ OTHER ADVERTISING

FRATERNAL DISCLAIMER

PROCEEDS FROM THIS ACTIVITY/EVENT ARE FOR THE BENEFIT OF THE _____ CLUB/UNIT.
PAYMENTS ARE **NOT** DEDUCTIBLE AS A CHARITABLE EVENT.

CHARITABLE DISCLAIMER

PROCEEDS FROM THIS ACTIVITY/EVENT ARE FOR THE BENEFIT OF THE “***SHRINERS HOSPITAL FOR CHILDREN***”.

CHAIRMAN OF EVENT: _____ SIGNATURE PRESIDENT: _____ SIGNATURE

DATE RECEIVED: _____ DATE APPROVED: _____

APPROVED BY POTENTATE: _____ APPROVED BY RECORDER: _____

REASON NOT APPROVED: _____