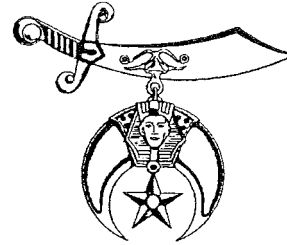


El Zaribah Shriners

ACTIVITY REQUEST



Unit/Club Name: _____

Date of Activity: _____

Type of Activity: _____

Location of Activity: _____

Name of Requestor: _____ Title: _____ Phone: _____

Signature: _____ Date: _____ (send to the Recorder)

Recorder's Initials: _____ **Date:** _____ Auditorium Impact Reviewed

Remarks: _____

Potentate's Review: APPROVED NOT APPROVED

Signature: _____ Date: _____

Remarks: _____

On completion: Copy to Unit and Club files in Recorder's Office

Copy to the requestor