

THIRD PARTY FUND RAISING REQUEST APPROVAL FORM

100% net proceeds for benefit of Shriners Hospitals for Children

(Attach this form to sponsor's mission statement or submit to E-mail

Address: apasmas@shrinenet.org or fax to 813/281-8460)

Request submitted by: _____ Title: _____

Representing: _____ Shriners Hospital or _____ Shrine Temple

Request date: _____ Was this event held in prior year for SHC? YES _____ NO _____

Event Coordinator(s): _____

Corporate sponsor's name (if applicable): _____

Coordinator(s) mailing address: _____

Coordinator(s) phone number(s) Office: _____ Fax: _____

E-mail address (if available) _____

Type of event: _____ Event date(s): _____

Event location: _____

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Imperial Council's approval date: _____ State solicitation filing verified by: _____

Date event was closed on: _____ Total amount donated: \$ _____

NOTE: Copy of donation check is to be sent to Director of Temple Accounting or faxed to 813/281-8460

FYI: Shriners Hospitals for Children bylaws Section 503.10 states "the use of the name Shriners Hospitals for Children or reference to the Hospitals in connection with any commercial product or business enterprises is prohibited unless the written consent of the boards of directors and trustees has first been obtained."

REQUEST TO RAISE FUNDS FOR FRATERNAL PURPOSES

To: Potentate, Morocco Shriners
P O Box 16039
Jacksonville FL 32245-6039

Permission is respectfully requested to raise funds for the benefit of Fraternal Purposes.

Name of Association, Club, Unit
Or other entity sponsoring the event: _____

Date of Activity: _____

Name of Person in Charge of Event: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Briefly describe the fund raising event and the methods to be used:

In soliciting the public for funds, ***Shrine law must be complied with*** In compliance with Shrine law, the following disclosure must be printed prominently on all literature, posters, tickets, newspaper advertising or any other means of promoting the event:

**"Proceeds are for the benefit of _____ (Unit, Club, Association, etc.)
and are not tax deductible as a charitable contribution."**

NOTE: If any advertising is done on radio and/or television, then the above disclosure statement must be announced

All financial reports must be filed with Morocco Shriners within 60 days after conclusion of the activity. All financial records must be maintained for seven (7) years

Copies of advertising, tickets, promotional and any other printed material must be submitted with the financial report

All of the material has been reviewed by me and compliance will be made:

Signed: _____ Date: _____

Title: _____

Please list the current total of all accounts in the treasury of the sponsoring entity: \$ _____

FOR OFFICE USE ONLY

Request Number: _____ Received and Approved: _____ Potentate Approval _____
(OVER)

Important facts concerning general liability insurance for your fund raising event

1. If you need a Certificate of Insurance from Morocco Shriners that shows our coverage, please furnish name, address, city and state of the entity wanting the certificate.
2. If the event you are sponsoring is produced by another entity, other than you, then you must require a Certificate of Insurance naming as additional insured: **"Morocco Temple Association, Inc., A.A.O.N.M.S., its affiliates and subsidiaries."** The minimum amount of coverage is \$1,000,000.00
3. You must furnish Morocco Shriners with either of the above before the event takes place.

REQUEST TO RAISE FUNDS FOR SHINERS HOSPITAL FOR CHILDREN

To: Potentate Morocco Shriners
P O Box 16039
Jacksonville, FL 32245-6039

Permission is respectfully requested to raise funds for the benefit of the Shriners Hospital for Children. It is understood by the sponsoring entity that 100% of the net proceeds must be given to Shriners Hospital for Children.

Name of Unit, Club, Association
or other entity sponsoring the event: _____

Date of Activity: _____

Name of Person in Charge of Event: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Business Phone: _____

Briefly describe the fund raising event and the methods to be used: _____

In soliciting the public for funds, **both Shrine law and Florida law must be complied with.** Thus strict disclosure statements must be shown.

In compliance with Shrine law the following disclosure must be printed prominently on all literature, posters, tickets, newspaper advertising or any other means of promoting the event

“Morocco Shrine is registered in Florida to solicit contributions. The registration is No. SC01125. Further information may be obtained by calling 1-800-435-7352. Solicitation does not imply endorsement, approval or recommendation by the State.”

NOTE: If any advertising is done on radio and/or television, then both of the above disclosure statements must be announced.

Please note: See other side for information concerning liability insurance for the event you wish to sponsor

All Financial reports must be filed with Morocco Shrine within 60 days after conclusion of the activity.

All financial records must be maintained for seven (7) years.

Copies of advertising, tickets, promotional and any other printed material must be submitted with the financial report

All of the above material has been review by me and compliance will be made.

Signed: _____ Date: _____

Title: _____

Please list the current total of all accounts in the treasury of sponsoring entity: \$ _____

FOR OFFICE USE ONLY

Request Number: _____ Received and Approved: _____

Potentate
Approval _____

Important facts concerning general liability insurance for your fund raising event

1. If you need a Certificate of Insurance from Morocco Shriners that shows our coverage, please furnish name, address, city and state of the entity wanting the certificate
2. If the event you are sponsoring is produced by another entity other than you, then you must require a Certificate of Insurance naming as additional Insured, "Morocco Temple Association, Inc., A A O N M S., it's affiliates and subsidiaries" The minimum amount of coverage is \$1,000,000 00.
3. You must furnish Morocco Shriners with either of the above **before** the event takes place