

Official Use Only				
EVENT: _____		FUNDS: _____		DATE APPLICATION RECIEVED: _____
PRESIDENT	VICE PRESIDENT	COMMUNICATIONS DIRECTOR	SECERTARY	TREASURER

REQUEST FOR EVENT APPROVAL

LEATHER AZIMUTH REPRESENTAIVE INFORMATION

Name: _____	Phone Number: _____
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Email: _____

EVENT INFORMATION

Name of Event: _____

Date: _____	Time: _____	Type: _____
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Location _____

Description: _____

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Intended audience: _____	Expected Cost: _____
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Recurring Event: YES NO	Please attach Generalized Items Cost List if Available
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Licenses or Certificate Needed: YES NO
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If Yes, Which Ones: _____

Number of People Needed to help: _____	Hold Harmless Form Required: YES NO
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Charity Event: YES NO

If Event is a Charity/Fundraiser Event, who does the donation go to?
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How much will be Donated? _____	Is it an Approved Charity? _____
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POINT OF CONTACT FOR EVENT INFORMATION

Name: _____	Phone Number: _____
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Email: _____
