



# ASIYA SHRINERS

SAN MATEO, CALIFORNIA  
WWW.ASIYASHRINERS.COM

## EVENT PARTICIPATION REQUEST

All requests must be received at the Temple at least **THIRTY DAYS** in advance of the event. All requests must be in writing and signed by an officer of the Unit or Club. All requests must be submitted in duplicate. Completed requests are to be sent to the Executive Director, at Asiya Shriners, 1925 Elkhorn Ct., San Mateo, CA 94403.

Unit or Club: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Temple Jurisdiction: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Number Expected: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Shriners Only?  Yes  No

Will Alcohol be Served?  Yes  No

Alcohol Sold by Unit/Club?  Yes  No

Certificate of Insurance Needed?  Yes  No

Person to Receive Certificate? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Liquor License?  Yes  No

Will privately owned boats, vehicles or aircraft be used?  Yes  No

Describe: \_\_\_\_\_

Are Owners Certificates of Insurance on file with the Recorder?  Yes  No

Requested by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Received at Temple: \_\_\_\_\_ By \_\_\_\_\_

Approved by Executive Director:  Yes  No

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Approved by Potentate:  Yes  No

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Reason for denial: \_\_\_\_\_