EL KAHIR SHRINE PARADE REQUEST FORM

			Date:
To:	Potentate, El Kahir Shrine O P.O. Box 38	Center	
Fax:	Hiawatha, IA 52233-0038 319-395-7146		
eMail:	Recorder@ElKahir.org		
I (We) r	request permission to parade a	as listed below:	
PARAI	DE INFORMATION:		
Name o	f Parade:		
City or '	Гown:		
Parade I	Date: Line up	Time:	Parade Time:
CONTA	ACT PERSON:		
TELEPI	HONE NUMBER:		
EMAIL	ADDRESS:		
<u>SHRIN</u>	E UNIT OR CLUB INFOR	MATION:	
Unit or	Club Name:		
Request	ing Officer:		
Address	Address: Telephone No:		
City, Sta	ate, Zip:		
Comple o	this form is received and appr No parades will be approved of Shrine Parade, Shrine Event, of	os are not authorized to ved. on dates that El Kahi or Shrine function (C	to participate in any parade unles r Shrine Center has scheduled a
1110 400	To request is. Tipproved.		
		- J ·	Potentate or Recorder