**NATIONAL ORDER OF** **TRENCH RATS**

**FUND RAISING REQUEST FORM**

**P O BOX 500208, MALABAR, FL 32950**

**\*This request must be mailed to Imperial Headquarters and**

**Approved by Imperial Headquarters PRIOR to holding fund raiser\***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dugout/Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, Dugout/Sector #\_\_\_\_\_\_ request permission to conduct a fund raising activity. We have the required permission from any and all according to the NOTR By laws, Article 14, Section 1-6.

**CHECK ONE:**

**( ) One-time Fund Raising Event**

-Fund raising reports are due within 30 days of event completion.

-10% of NET INCOME is due to Imperial Headquarters and must be accompanied by a Fund Raising Report Form. Failure to comply may result in suspension of Dugout/Sector Charter.

**( ) Continuous / Ongoing Fund Raising Event**

 -This event will take place over a period of several weeks / months

-10% of NET INCOME is due to Imperial Headquarters and must be accompanied by a Fund Raising Report Form on a quarterly basis (every 3 months). Failure to comply May result in suspension of Dugout / Sector charter.

**-Permission for Fund Raising activities given by Imperial Headquarters expires**

**One year From the date written below. A new Fund Raising Request must be**

**Submitted and Approved yearly.**

Description **of Fund Raising Activity:**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location **of Fund Raiser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\**I have read and understand NOTR Bylaws, Article 14, Section 1-6.\****

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Requesting REG Date:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Address City State Zip***

**DO NOT WRITE BELOW THIS LINE**

**APPROVED ( ) REJECTED ( )**

**IREG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**