

LODGE REQUEST FOR PROFESSIONAL STAFF PARTICIPATION

EVENT _____ **LODGE** _____

DESCRIPTION OF EVENT _____

DATE OF EVENT _____ **TIME** _____ **# EXPECTED ATTENDEES** _____

NUMBER OF STAFF REQUESTED _____

CHILD & FAMILY REQUESTED YES NO (check one)
(Request for child/family will be honored if possible.)

DESCRIBE HOW STAFF/CHILD WILL BE ASKED TO PARTICIPATE _____

IS STAFF PERSON'S SPOUSE INVITED? **YES** **NO**

WILL LODGE BE HOSTING STAFF/FAMILY FOR MEALS? **YES** **NO**

IS AUDIO/VISUAL EQUIPMENT AVAILABLE? **YES** **NO**

HOW LONG IS THE PRESENTATION EXPECTED TO LAST? _____

DIRECTIONS TO THE LODGE OR LOCATION OF EVENT _____

PERSON IN CHARGE _____

Home Address _____

Phone **Home** (____) _____ **Work** (____) _____
CITY _____ STATE _____ ZIP _____

Lodge Address _____

Phone **Lodge** (____) _____
CITY _____ STATE _____ ZIP _____

NAME OF HOST _____

(Person assigned to serve as host to staff and family)

SUGGESTIONS TO LODGES

1. If a child is requested, please note the following:
 - a. Schedule the appearance/child's presentation early in the program so they may be excused before fatigue becomes a factor.
 - b. It is not always possible to present a child in braces or with specific problems; however we will try to meet the lodge's request as closely as possible.
 - c. A small gift for the child is welcome if the lodge wishes to give one; however, members are asked to refrain from giving the child money.
2. Please give careful consideration to the type of event to which the child is invited. A dance is usually a poor forum for a professional staff's presentation. The prevailing mood is not conducive to the attentiveness that is necessary. The best format for these presentations is usually meetings in which the staff person has the undivided attention of the lodge members.

Remember, the Therapists/Pediatric Vision Screeners are giving their own time for this event; every consideration should be given them and the children.

To avoid last minute complications in handling this request, you must submit this form 11 to us a minimum of one month prior to your function.

REQUEST SUBMITTED BY:

<i>Name</i>	<i>Date</i>
<i>Title</i>	

Please send completed request to:

California-Hawaii Elks Major Project, Inc.
5450 E. Lamona Avenue
Fresno, CA 93727-2224

Telephone: (559) 255-4531
FAX: (559) 456-2659

===== **FOR OFFICE USE ONLY:** =====

REQUEST APPROVED: _____
Name *Date*

STAFF PERSON(S) ATTENDING: _____
Date/Initials

STAFF PERSON(S) PHONE: _____

LODGE NOTIFIED: _____
Date/Initials

COPY OF APPROVED REQUEST SENT TO:

<input type="checkbox"/>	ATTENDING PROFESSIONAL STAFF	_____ <i>Date/Initials</i>
<input type="checkbox"/>	CHEMPI TRUSTEES	
<input type="checkbox"/>	APPROPRIATE DISTRICT LEADERS	
<input type="checkbox"/>	PIGGY BANK COMMITTEE - ASSOCIATION/DISTRICT	
<input type="checkbox"/>	APPROPRIATE DISTRICT VICE PRESIDENT & DDDGER	