

ACTIVITY REQUEST FORM

FOR ALL EVENTS OPEN TO THE GENERAL MEMBERSHIP AND/OR THE PUBLIC

EVENT COORDINATOR(S):

GROUP SPONSORING THE EVENT: _____

GRANGE MEMBERS IN CHARGE OF EVENT: _____

ADDRESS, TOWN, STATE & ZIP: _____

EMAIL: _____ TELEPHONE: _____

INFORMATION ABOUT THE EVENT:

NAME OF EVENT: _____

DESTINATION (Place or Name of Business): _____

LOCATION (Street, Town, State & Zip): _____

CONTACT PERSON AT THE LOCATION: _____

TELEPHONE FOR CONTACT PERSON: _____

DATE OF EVENT: _____ TIME OF EVENT: _____

DAY(S) OF THE WEEK: SUN MON TUE WED THUR FRI SAT

WHAT ARE YOUR PLANS (Describe the event): _____

PARTICIPATION ANTICIPATED:

ESTIMATED NUMBER OF: JUNIOR GRANGERS: _____

YOUTH GRANGERS: _____ ADULT GRANGERS: _____

NON GRANGE MINORS (under age 18): _____ NON GRANGE ADULTS: _____

TOTAL ESTIMATED PARTICIPANTS: _____

IF THERE IS LIMIT ON THE # OF PARTICIPANTS YOU WILL ACCEPT, WHAT IS THE LIMIT: _____

LIST THE PEOPLE WHO ARE SUPERVISING THE EVENT: _____

IF SOME PARTICIPANTS ARE MINORS THEN THOSE SUPERVISING THE ACTIVITY MUST COMPLETE CORI FORMS

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NAME OF EVENT: _____

TRANSPORTATION:

Please check off one of the three options provided, and follow the instructions based on your choice.

- A. Transportation is not offered.
- B. Transportation is offered, but minors are not involved. The mode of transportation is:
 personal cars rental vehicles or bus other (explain below)
- C. *Transportation is offered and minors are involved. The Mode of transportation is:
 personal cars rental vehicles or bus other (explain below)

* If option C is chosen You must obtain copies of all drivers' licenses and auto insurance policies. In addition, as a reminder, there is to be no "one-to-one" contact between a minor and an adult unless the adult has been CORI/SORI certified.

INSURANCE:

Have you obtained a copy of the Certificate of Insurance from the vendor? NO YES (attach a copy)

Is this event sponsored by the Massachusetts State Grange? NO YES

Does the vendor require a Certificate of Insurance from the Massachusetts State Grange? NO YES

If yes have you contacted the State Grange Insurance Agent to request a Certificate? NO YES (attach a copy)

REQUEST SUBMITTED BY: _____ DATE: _____

If the request is not being submitted by the Committee Director, then this must be forwarded to the Director for approval before being sent to the State President.

APPROVAL OF DIRECTOR: _____ DATE: _____

REMINDER, THIS FORM MUST BE SUBMITTED TO THE STATE MASTER AT LEAST ONE MONTH PRIOR TO THE DATE OF THE EVENT.

APPROVAL:

_____ APPROVED - THIS EVENT IS SPONSORED BY THE MASSACHUSETTS STATE GRANGE AND COVERED UNDER THE STATE GRANGE INSURANCE POLICIES

_____ APPROVED - THIS EVENT IS **NOT** SPONSORED BY THE MASSACHUSETTS STATE GRANGE AND IS **NOT** COVERED UNDER THE STATE GRANGE INSURANCE POLICIES

APPROVAL SIGNATURE _____ DATE: _____
(State President or Executive Committee)

_____ REJECTED BECAUSE _____

