

ABATE of North Idaho, Inc.
PO Box 2244
Coeur d'Alene, Idaho 83816-2244

Notice of Event and Request for Approval

Name of Chapter: _____ Date: _____

Name of Event: _____ Date of Event: _____

Location of Event: _____

Activities Planned: _____

Foreseen Itemized Expenses: _____

Estimated Other Expenses: \$ _____ Total Expense Estimate: \$ _____

Who to Contact: _____ Phone: _____

_____ Phone: _____

Other Sponsors, Contributors or Donators other than ABATE of North Idaho, Inc.:

Other Information: _____

*This form is for legal purposes due to ABATE of North Idaho, Inc having a non-profit status. Please remember that donations made to ANI, Inc. are **NOT** tax deductible. If you have any questions please contact a State Officer. -- Thank you*

State Officers Action: (circle appropriate one)	Approved	Disapproved
Changes Required: _____		

State Coordinator Approval: _____		Date: _____
State Deputy Coordinator Approval: _____		Date: _____
State Secretary Approval: _____		Date: _____
State Treasurer Approval: _____		Date: _____