

ABATE of North Idaho, Inc.
PO Box 2989
Coeur d'Alene, Idaho 83816-2989

Notice of Event and Request for Approval

Name of Chapter: _____ Date: _____

Name of Event: _____ Event Date _____

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 N. Id., 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.*

State Offices Action: (circle one) Approved Disapproved

Changes Required: _____

State Coordinator Approval: _____ Date: _____

State Deputy Coordinator Approval: _____ Date: _____

State Secretary Approval: _____ Date: _____

State Treasurer Approval: _____ Date: _____