



Nebraska Freemasons

CHIP

Child Identification Program

Event Application

Please complete this application and forward it to the Grand Lodge Office, 1240 N. 10th St., Lincoln, NE 68508-1125.

Date of Event Requested: _____

Type of Event: School Community Stand-Alone (Check Appropriate Category)

Masonic Body Requesting Event: _____

Location & Address of Event: _____

Event Time: _____ to _____ **Estimated No. of Children:** _____

Volunteer training will begin one hour prior to event start listed

Setup: Date: _____ **Time:** _____ to _____

Allow at least 2 hours for Setup – This is best accomplished the night before an event

Request Contact Person:

Name _____ Day Phone _____

Address _____ Evening Phone _____

City, State, Zip _____ E-mail _____

Local Organizing Committee (LOC):

Name _____ Phone: Day _____ Evening _____

Address _____ E-mail _____

Name _____ Phone: Day _____ Evening _____

Address _____ E-mail _____

Name _____ Phone: Day _____ Evening _____

Address _____ E-mail _____

(for use by State Coordinator - Application will be returned to Contact Person upon approval)

Area CHIP Coordinator Assigned to Event:

Name _____ Address _____

City, State, Zip _____ Email _____

Phone: Day _____ Evening _____

CHIP Board Member Assigned to Event:

Name _____ Address _____

City, State, Zip _____ Email _____

Phone: Day _____ Evening _____

Approval of State CHIP Coordinator:

Signature _____

Michelle Fulmer, Grand Lodge Office

Yes - date added to CHIP Calendar

No - requested date not available

Phone: 402-475-4640 **Email:** michelle@GLNE.org **Address:** 1240 N. 10th St., Lincoln, NE 68508-1125

I've read the Nebraska CHIP Operations Manual and am aware of our responsibilities in organizing this CHIP Event. Yes No

Date received _____ Date Approved _____