

Lodge Event Reimbursement Form



Lodge Information:

Lodge No.: _____ Lodge Name: _____
Lodge President's Name: _____ Phone No.: _____
Email Address: _____

EVENT INFORMATION:

Event Name: _____ Event Location: _____

Type of Event (i.e. community event, festival of nations, Chamber of Commerce events):

Please describe the event (in 50 words or less):

Has the lodge participated in this event in the past? Yes No

How did the lodge learn about this event? _____

How many people attended the event? _____ How many members participated? _____

Who coordinated your lodge's participation in the event? _____

Did you request any assistance or materials from Sons of Norway Headquarters? Yes No

If so, please describe: _____

Did the lodge Financial Benefits Counselor Participate? Yes No

If so, how: _____

Number of new members recruited at the event? _____

How many new members have joined your lodge in the month following the event? _____

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