



**FLORIDA DISTRICT
GOLD WING ROAD RIDERS ASSOCIATION**



ACTIVITY APPROVAL REQUEST

Chapter: _____

Date: _____

Officer requesting approval. (Please Print)

Name: _____ Position: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: (____) ____ - _____

Activity description and purpose: _____

Date of activity: _____

Location of activity: _____

Registration Fee: Members: \$ _____ Non-Members: \$ _____

Attach copy of flyer.

A flyer is needed in order to promote your event in the District Newsletter

Approved: _____

Florida District Director