

**FIRST DISTRICT – SONS OF NORWAY  
MULTIPLE LODGES CULTURAL SKILLS PROGRAM APPROVAL  
FOR REIMBURSEMENT (MLAR)**

LODGES(3+): \_\_\_\_\_

DATE OF APPLICATION (60 DAYS PRIOR TO THE EVENT): \_\_\_\_\_

CONTACT AT ONE LODGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS FOR LODGE CONTACT: \_\_\_\_\_

CULTURAL SKILL: \_\_\_\_\_

TYPE and TITLE of PROGRAM: \_\_\_\_\_

PROPOSED DATE OF EVENT: \_\_\_\_\_

SMALL GROUP(Workshop): \_\_\_\_\_ LARGE GROUP(Lodge Meeting): \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

CS PRESENTER(S) NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE APPROVED \_\_\_\_\_ APPROVED BY \_\_\_\_\_  
(REQUIRES SOCIAL/CULTURAL DIRECTOR'S APPROVAL AND PRESIDENT'S APPROVAL)

*DESCRIBE SUMMARY OF EVENT(S) FOLLOWING PRESENTATION:*

DATE OF PRESENTATION: \_\_\_\_\_

NUMBER WHO ATTENDED/PARTICIPATED FROM EACH LODGE \_\_\_\_\_

**\$200 REIMBURSEMENT WILL BE MADE TO APPLYING LODGE**

LODGE TREASURER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**SUBMIT THIS SIGNATURE FORM FOR REIMBURSEMENT TO DISTRICT SOCIAL/CULTURAL DIRECTOR  
WITHIN 2 WEEKS OF EVENT:**

Diane Halvorson, 710 East River Rd, Anoka, MN 55303-2828

**AND SEND A COPY TO DISTRICT TREASURER:**

Claudia Bomier 3430 Rum River Drive, Anoka, MN 55303-1111

SIGNATURE OF LODGE OFFICER: \_\_\_\_\_ OFFICE: \_\_\_\_\_

DATE: \_\_\_\_\_ CS PRESENTER'S SIGNATURE \_\_\_\_\_