



**FLORIDA DISTRICT  
GOLD WING ROAD RIDERS ASSOCIATION**



**ACTIVITY APPROVAL REQUEST**

Chapter: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Officer Requesting Approval: - TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Activity Description and Purpose: - Details are Good!

Date of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

**ATTACH OR SEND A FLYER WITH REQUEST  
. FLYERS MUST HAVE GWRRA AND FLORIDA DISTRICT LOGO's  
YOU MUST PROVIDE A LINK TO YOUR FLYER TO THE DISTRICT WEBMASTER**

District Director Approval: \_\_\_\_\_

Date: \_\_\_\_\_