Chevrei Tzedek Request for Collaboration with External Organizations

Date:

Name of Person Making the Request:

Are you a member of Chevrei Tzedek? ___ Yes ___ No

- Is this a Chevrei Tzedek committee request? ___ Yes ___ No
- If Yes, which committee _____

Date of Event:

Name of Organization? (please provide website information)

- Is organization on the pre-approved list? ___ Yes ___No
- If No, do you want organization considered for the pre-approved list? ___ Yes ___ No

Title of Event:

Type of Event

- Speaker
- Tabling
- Festival
- Program
- Other _____

How will this event benefit and support Chevrei Tzedek' mission?

Are there any risks associated with this event:

Date response needed: _____

* * *

Date Received: _____

Assigned Tier: Tier 0 ___ Tier 1 ___ Tier 2 ____ Tier 3

Determination: ___ Approved ____ Denied

Name of Approver: _____ Date: _____