



**The Royal Krewe of
Charlotte de Berry**

2026-2027 Request to Attend Other Function

Name: _____ **Date:** _____

Event You Are Requesting to Attend: _____

Location of Event: _____ **Date of Event:** _____

Host of Event or Krewe Attending With: _____

Nature of Event (fundraiser, parade, community service, etc.): _____

Will CDB be attending this event as a Krewe?: _____

Will you be appearing in costume at the event?: _____

For All Membership Questions, Please Contact The Madam of Mates

www.kreweofcharlottedeberry.com | PO Box 187, Riverview, FL 33569 | kreweofcharlottedeberry@gmail.com