

## ST. MARY OF THE ANNUNCIATION FUNDRAISING REQUEST

EVENT NAME:	
Description:	
Purpose & Goals:	
Ministry:	Commission:
Contact Name:	Phone:
E-Mail (Required):	
Today's Date:	(Request must be submitted <b>at least 60 days prior</b> to the requested event.)
<b>EVENT DATE(S):</b>	
Start Time:	End Time:
Proposed Location: (Note: Use of Parish facilities/grounds requires submission of a separate Calendar Request Form along with this Fundraising Request.)	
<b>Solicitation of Non-Monetary Items:</b>	
Nature of items and quantity: _____ Recipient(s): _____	
Delivery date to destination: _____ Where stored prior to delivery?: _____	
<b>Monetary Fundraisers:</b>	
Estimated Number of People Attending: _____ Estimated Number of Workers Needed: _____	
Projected Cost: _____ Projected Revenue: _____ Projected Income: _____	
Initial Funding Amt. Needed: _____	
Cost per Ticket/Item: _____ Special Rates: _____	
Intended Use of Profit: _____	
Event is open to: _ (select a choice from the list)	
<u>Check any of following that apply to this event:</u>	
Requires contracts to be signed: <input type="checkbox"/> If Yes, list those anticipated: _____ (Note: Contracts may only be signed by the Pastor or the Director of Parish Operations.)	
Wine and/or beer will be served: <input type="checkbox"/> Event involves gambling and/or raffle: <input type="checkbox"/>	
Licenses/Permits will be required: <input type="checkbox"/> Event requires Police security: <input type="checkbox"/>	
Food will be served or prepared ( <i>General Public events only</i> ): <input type="checkbox"/>	
If Yes: (select a choice from the list)	
If Yes: Name of licensed Food Service Sanitation person: _____	

**Please sign and return the completed Calendar Request Form to the Parish Office or email to: [facility@stmota.org](mailto:facility@stmota.org).**

(If completing online, you may type your name as your signature.)

Signature

Authorized by:	Placed on Calendar by:	Not Approved/ Returned to Requestor:
Date: ___/___/___	Date: ___/___/___	Date: ___/___/___

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Please specify any special equipment needed for your fundraiser (if any):

Parish Equipment Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rented Equipment Needed (incl. company name): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_