Fundraising Request Form

834 S. Orange Blossom Tr. Apopka, FL 32703

Phone: 407-886-4602 Fax: 407-886-9758



St.	F	rancis	of	A	ssisi	С	atho	lic	Church	1

Name of Event:	Date of Event:								
Group / Ministry Sponsoring:									
Purpose of Event:									
Type of Fundraising □ Selling Tickets □ Food □ Raffle 									
Target Audience:									
Location:									
Contact Person:									
Telephone #:									
E-mail:									
L-man.									
Anticipated Budget Expenses: \$	Expected Amount: \$								
Names of people who are handling the money: (They must be fingerprinted and cleared)									
1)	3)								
2)	4)								
REQUIREMENTS:									
 Submit form to the Business Manager 		ed for							
approval.	as soon as the activity is plain								
 One Group/Ministry per weekend. Up to two weekends to sell tickets/products at discretion of Bus. Mgr. All fundraising activities will take place outside the Church. Diocesan tamper evident bag procedures must be adhered to. No fundraising events will be held during weeks of the 4th Sunday of Advent through Epiphany, Palm Sunday through Easter Sunday, and St. Francis Weekend. 									
I have read these requirements:									
	(Signature)	(Date)							
Office Use Only:	Contacted Date:								
Date Received:	Approved:								
Business Manager:									