

St. Josaphat Parish Fundraising Event Approval Form

Date Submitted: _____

Organization Submitting Request: _____

Organization Contact Name: _____

Contact Phone Number & Email: _____

Proposed Fundraising Event: _____

(The following details must be completed in order for the Event to be considered for approval.)

Detailed Description of the Event: (include details if there will be a raffle, ordering products (kind and cost), social gathering including entertainment, gambling, etc):

- Proposed Date(s) for Event: _____

(If PDC approved dates must then be finalized and calendared with the rectory office manager.)

- Anticipated Amount to be raised: _____

- Funds to be used for: _____

- Proposed location for event (see attached SJS Gym use form): _____

(If PDC approved gym use must then be finalized and calendared with the rectory office manager- See attached Event Guidelines for Use of SJS Gym)

Approvals:

Chairperson/President of Sponsoring Organization: _____

Principal: _____

(required for all School-related fundraising)

If approval is granted, approving party should submit Approval Form via email to development@stjosaphatparish.org for further consideration.

PDC Recommendation: Approve Deny Reason: _____

Pastor Determination: _____

To Be Completed After Fundraising Event and submitted to finance@stjosaphatparish.org

Actual Amount Raised: _____