

Resurrection Parish

Approved _____

Fundraising Request and Approval

Denied _____

Fundraising Event	
Description of Event	
Commission	
Event Chairperson/Leader	
Chairperson/Leader email or phone #	

Requested Solicitation Dates	First Choice	Second Choice	Third Choice
1st. Weekend			
2nd Weekend			

If the answer to either of the following questions is YES, a copy of the appropriate IRS, State of Michigan and /or Michigan Catholic Conference rules and requirements must be obtained from the Parish Office and agreed to by the chairperson/leader of the event.

Will there be a raffle at the event? _____

Will alcohol be served, either a cash bar or open bar at the event? _____

Estimated and Actual Fundraising				
(this section is not required for events run by organizations which are separate legal entities, eg. SVDP etc.,)				
	Estimated Income	Actual Income	Estimated Expenses	Actual Expenses
Admission				
Food/Beverages				
Raffle				
Other				
Cash Donations				
Total				
Net Profit				

If the net profit will not be given to Resurrection for general parish use, indicate which organization will receive the profit _____

	Signature	Date
Requesting Commission chair		
Stewardship Chairperson		
Pastor		