

St. Anthony on the Lake

EVENT/SPACE/FUNDRAISER/ACTIVITY REQUEST FORM**

(For approval, submit your request at least two weeks in advance to Event/Activity)

*(**Fundraising Activities – For approval, submit your request at least two months in advance)*

Today's Date _____

Name of Organization/Group **Fundraiser _____

What is the Event? _____

Contact person – phone # and email _____

Date(s) needed – include day of week _____

Month(s) needed _____

Alternate dates and times _____

of people (approx.) _____ Room(s) requested _____

Beginning and Ending Time _____

Set-up time and date (if different) _____

Security Doors to unlock: ___ interior upper ___ interior tunnel ___ gym entrance ___ school entrance

Equipment/Special needs – tables, projectors, etc.

Type of set-up _____

Person/Group responsible for set-up _____

Person/Group for clean-up _____

AFTER THE EVENT: Rooms must be clean and returned to the way you found it!

****Fundraising Activities**

Amount to be raised _____

Funds that are raised (or items collected) will benefit _____

Name of Fundraiser _____

___ Existing ___ New ___ Change (describe) _____

Amount “invested” prior to event (inventory, fees, seed money, etc.) _____

Risk-bearing group/person if expenses exceed income _____

Contact Person Name, Phone # and Email _____

Target audience (i.e. school parents, parish at large, Christian Formation families, etc.

Finance Committee Approval (Y/N): _____ **Date:** _____