

ST. NICHOLAS CATHOLIC CHURCH
FUNDRAISING APPROVAL PROCESS

Name of Group:	
Name of Event:	
Intended Date:	
Location:	
Contact Name:	
Contact Phone:	
Contact Email:	

Describe the Reason for the Fundraiser (including who benefits and why its needed):

Describe type of activity and anticipated expenses and revenue (include previous event data):

Charity Gaming (if applicable):
 -Type(s): Raffle 50/50 Drawing Pull Tabs Other: _____
 -Start Up Funds for Gaming: \$ _____
 -Other Details:

Approvals (you may attach an email in place of signature):	
Stewardship Commission	
Finance Council	
Gaming Consultant (if necessary)	
Parish Secretary	
School Principal (if necessary)	

Approved by the Pastor on the _____ day of _____, _____.

Signature