Church Fundraiser Request Form

St. Mark's United Methodist Church

I. Contact Information

Committee or group making the request:	
Contact Name:	
Contact Telephone #:	Email:
II. Fundraiser Project/Event Details	
Nature of Fundraiser Project/Event:	
	osed Time (from – to):
Proposed Location: Inside St. Mark's:; In Courtyard/On Campus:; Other:	
Facilities Coordinator Initials of Facility Availability:	
III. Financial Projection	
Projected Gross Income:	
Projected Expenses (detail required):	
Projected Net Income:	
I understand that advance approval must be obtained from the Advisory Board (meets twice monthly) and the Facilities Coordinator before the fundraiser project/event can take place.	
Signature:	Date Submitted: