



Parish Activity Request Form

Form must have all required signatures before activity is approved.

Requested by: _____ Date of Request: _____

Ministry: _____ Activity Date: _____

Name of Activity Leader: _____ # Volunteers: _____

Event Location: Church ☐ Soc Hall ☐ Ed Center ☐ Kitchen ☐

Will food be served during the activity? * YES ☐ NO ☐ Cook ☐ Cater ☐

*Ministry responsible for purchase of all activity supplies: plates, cups, utensils, napkins, table covers, balloons etc...

Funds Disbursement Requested? ** Amount \$ _____ Cash ☐ Check ☐

**Request must be received by Bookkeeper two weeks before funds disbursement date

Main items to be purchased with funds: _____

Please provide a brief description of the activity and the benefit to the Parish.

ACTIVITY ANALYSIS

	Estimate	Actual
Total Income	\$	\$
Total Expenses	\$	\$
Total Profit (or Loss) ***	\$	\$
Total Attendees / Guests / Participants	#	#

***All funds received from activity must be given to Parish Bookkeeper for deposit in Parish/Ministries bank account.

Requestor's signature: _____ Date: _____

Bookkeeper's signature: _____ Date: _____

Fr. Jeff's Signature of approval: _____ Date: _____