



SAINT JOSEPH CATHOLIC CHURCH ACTIVITY APPLICATION

For small food sales — submit by June 1 or 30 days before your date

Submit to SJCEVENTSREQUEST@gmail.com or the Parish Office

Ministry Name: _____

Contact Name: _____

Phone: _____ **Email:** _____

What are you selling? _____

Date: _____ **Location:** _____

Use of Proceeds: _____

Estimated Income: \$ _____

By signing, we agree that all proceeds belong to the parish, will be turned in to the bookkeeper within 48 hours, and a report will follow within 7 days.

Ministry Leader: _____ **Date:** _____

Ministry Member: _____ **Date:** _____

Parish Office Use Only

Approved: _____ **Date:** _____

Pastor or Finance Council Rep: _____ **Date:** _____