



SAINT JOSEPH CATHOLIC CHURCH
FUNDRAISER APPLICATION

DUE BY JUNE 1 — NO EXCEPTIONS (July 1 acceptable this transition year)

Submit to SJCEVENTSREQUEST@gmail.com or the Parish Office

Ministry Name: _____

Contact Name: _____

Phone: _____ **Email:** _____

Name of Fundraiser: _____

Brief Description: _____

Date: _____ **Location:** _____

Use of Proceeds: _____

Est. Income: \$ _____ **Est. Expenses: \$** _____

of Volunteers Needed: _____

Check any that apply (parish office will follow up):

Alcohol

Raffle / Gaming

Outside Vendors

By signing, we agree to follow all parish fundraising policies: 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:** _____

Co-Leader / Treasurer: _____ **Date:** _____

Ministry Member: _____ **Date:** _____

Parish Approval

Approved: _____ **Date:** _____

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