



IMMACULATE CONCEPTION
CATHOLIC CHURCH & SCHOOL

Fundraising Application

Name of Organization/Ministry: _____

Contact Person: _____ Email: _____

Description and purpose of event/fundraiser: _____

What is the "net" goal to be raised? _____

What will the funds raised be used for? _____

What are the anticipated expenses? _____

How does this event/fundraiser fit with the mission of the parish? _____

Location of event/fundraiser: _____

Will this event include the sale of alcohol? Yes or No

Application completed by: _____ Date: _____

**Email completed application to: icbusiness@immaconception.org or provide a hard copy to the Parish office.

****Parish Office Use Only****

Date received: _____

Received via: email / hard copy

ICS Facility reserved: yes / no

Review Date: _____ Status: Approved / Denied

Reason: _____

Date Organization/Ministry notified of status: _____