



# CHURCH OF THE DIVINE CHILD

## Request for Fundraising Event/Project Approval

Proposed Event/Project: \_\_\_\_\_

Circle One:      New                      Repeat                      If repeat, last time event was held: \_\_\_\_\_

Purpose: \_\_\_\_\_

Group Responsible (Group/Department/Club/Team): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Date/Duration: \_\_\_\_\_ Proposed Location: \_\_\_\_\_

Audience to be solicited: \_\_\_\_\_

Advertising to be used: \_\_\_\_\_

*All advertising (in-parish or public) for an event/project must be submitted to the Advancement Office for review prior to distribution/publication/posting.*

Volunteers who will execute the event/project: \_\_\_\_\_

Resources needed from Divine Child: \_\_\_\_\_

*Upon approval of Event/Project, a separate Application for the Use of Parish/School Building Facilities and Pantry Supply Request form (both available online at [www.DivineChild.org](http://www.DivineChild.org)) must be submitted to the Rectory.*

Projected expenses: \_\_\_\_\_ How will expenses be funded?: \_\_\_\_\_

Financial Goal: \_\_\_\_\_

Final accounting of revenue and expenses to be submitted to Parish bookkeeper within 10 days of event: \_\_\_\_\_

### Approval

Event/Project Approval must be obtained from the Pastor/Principal (as applicable), the High School Athletic Director/CYO Athletic Director (as applicable), and the Advancement Office. Please submit this form to the Advancement Office a minimum of **60 days prior** to the Event/Project commencement date; preferably before the end of the preceding fiscal/school year for annually recurring events.

Date Submitted: \_\_\_\_\_

**Pastor/Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved with conditions      \_\_\_\_\_ Denied

Conditions/Comments: \_\_\_\_\_

**HS Athletic Director/CYO Athletic Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved with conditions      \_\_\_\_\_ Denied

Conditions/Comments: \_\_\_\_\_

**Director of Advancement Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Approved with conditions      \_\_\_\_\_ Denied

Conditions/Comments: \_\_\_\_\_