

**St. Thomas a'Becket
Fundraising Request and Approval**

Fundraising Event	
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Commission	
Event Chairperson/Leader	
Chairperson's e-mail or phone #	

Planned Event Date		Alternate Date	
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Requested Gathering Area Solicitation Dates	1 st Choice	2 nd Choice	3 rd Choice
1st Weekend	_____	_____	_____
2nd Weekend	_____	_____	_____
3rd Weekend	_____	_____	_____

If the answer to either of the following questions is YES, a copy of the appropriate IRS, State of Michigan, and/or Michigan Catholic Conference rules and requirements must be obtained from the Parish Business Manager, and agreed to by the chairperson/leader of the event.

Will there be a raffle at the event? _____

Will alcohol be served, either a cash bar or open bar, at the event? _____

Estimated and Actual Fundraising				
(this section not required for events run by organizations which are separate legal entities, e.g. K of C, SVDP, etc.)				
	Estimated Income	Actual Income	Estimated Expenses	Actual Expenses
Admission				
Food/Beverage				
Raffle				
Other				
Cash Donations				
Total				
Net Profit				

If the net profit will not be given to St. Thomas a'Becket for general parish use, indicate which organization will receive the profit _____

	Signature	Date
Requesting Commission Chair		
Finance Committee Chair		
Stewardship Commission Chair		