

REQUEST

to Reserve Parish Facility and/or Fund Raise

ST. JOHN BOSCO PARISH MISSION STATEMENT

We, the parish community of Saint John Bosco, proclaim our trust in God's love. We welcome all to come together to worship and grow in love of God and neighbor, to serve others, and to be especially attentive to the spiritual growth of our youth.



INSTRUCTIONS: Please use this form to reserve the use of a parish facility and/or to obtain approval for parish-related fundraising. Please type or print clearly. Send completed form to Pastor's Secretary at Rectory.

Organization Name _____ **Event/Activity Name** _____

Contact Person _____

Daytime Tel. _____

Email address: _____

This event is a (Check all that apply.)

Meeting or Social Event; Fundraiser.

SECTION I. PARISH MEETING/SOCIAL Please complete this section if activity will take place on parish property, i.e., Church, School, Rectory, Convent, Parking Lot, Campus.

Day of the Week: _____ **Date:** (Month/Day/Yr.) _____ / _____ /200_____

Time of Event will be from _____ (Circle one.) AM/PM. to _____ (Circle one.) AM/PM.

Is this a **Change** of a previously scheduled date/time? If **Yes**, state previous date/time: _____.

"Set Up" time is needed before the event from _____ AM/PM to _____ AM/PM.

"Take Down" time is needed after the event from _____ AM/PM to _____ AM/PM.

If set-up or take down activities occur on days other than the actual event, please explain.

Facility Requested: Check all that apply. Church Church Sacristy Adoration Chapel Gym

Drexel Hall - Cafeteria & Kitchen Drexel Hall - Cafeteria, no kitchen Bosco Room CYO Room

Hispanic Ministry Room Rectory Madonna Room Other: Specify here: _____.

Attendance: Highest number of persons expected in facility at any given time during event: _____

SECTION II. PARISH FUNDRAISING Please complete this section only if activity involves fundraising of any kind – on or off parish property.

Advertisement or Solicitation Period: (Dates) Start: _____ / _____ /200_____ to _____ / _____ /200_____

Sufficient Funds Does organization have enough funds to underwrite initial cost of fundraiser? Yes. No.

Profit estimate (Net Proceeds) \$ _____ **Disposition of Profit:** _____

Cash prizes? Yes. No. Permit(s) required? Yes. No.

Contract(s) involved? Yes. No. Solicitation of Corporate Sponsors? Yes. No.

Primary Target Audience for Solicitation:

Families associated with fundraising group Parishioners at large Non Parishioners

Businesses: Parishioner-owned Businesses: Non Parishioner-owned Other: Specify here: _____

Parish Mission: Please briefly state on reverse side how this fundraiser and proceeds will further Parish Mission.

Compliance Statement "I affirm that this fundraising event will be conducted in compliance with applicable legal, archdiocesan, and parish business office regulations."

Leader of Organization (signature) _____ **Date Signed** _____

PLEASE DO NOT WRITE BELOW.

FOR OFFICE USE ONLY

RECORD OF REVIEWS **PASTOR'S INITIALS** _____ Approve? Yes. No. Date _____:

BUSINESS MANAGER'S INITIALS _____ Approve? Yes. No. Date _____:

FINANCE COUNCIL REP.'S INITIALS _____ Approve? Yes. No. Date _____:

FINAL APPROVAL? Yes. No. Recorded by Pastor's/Pastor's Delegate Initials _____ Date _____

NOTIFICATION to Contact Person on _____ / _____ /200_____ by _____ via Email Phone Fax Other.