

Central United Church Fundraiser Idea!

Date Submitted: _____

Name _____ Phone # _____

Email _____

Type of Fundraiser _____

Date of Proposed Fundraiser (If known or suggested date) _____

Brief Description of Event Please print, use back of form if needed

Cost to Participants: _____

Proceeds from Event directed to: _____

What are the space requirements: Kitchen Dining Room Gym

Fellowship Hall Sanctuary Upper Parlour Lower Parlour

Other: Please Specify _____

Has date been cleared with the Church Office (If applicable) YES NO

Start -up Costs required _____

Please note financial statements for all fundraisers must be remitted to Treasurer within 30 days of the end of the event:

Office Use Only

Date presented to Council: _____ via: MEETING, EMAIL

INFO/VOTE

APPROVED YES NO

Date decision rendered to Applicant _____ By: _____
Name

Additional Comments: _____

