



Fundraiser/Event Proposal

Effective: 05May09

Approved by: _____
Date: _____

Section I: Contact Information

| | | |
|-------------------|--|-----------------|
| A. Name | B. Date | C. Phone Number |
| D. E-mail Address | E. Name of oldest student attending St. Mary (for communication) | |

Section II: Proposal

| | | |
|-----------------------------------|--|---------------------|
| A. Fundraiser/Event Title | B. Proposed Date | C. Proposed Time(s) |
| D. Anticipated revenue \$ | E. Department/Committee Beneficiary (May only be applicable if operating cost has been met. Athletics is the only exception) | |
| F. Anticipated Upfront Cost \$ | <input type="checkbox"/> Athletics <input type="checkbox"/> Technology <input type="checkbox"/> Fine Arts <input type="checkbox"/> Religion <input type="checkbox"/> PTO <input type="checkbox"/> Facilities <input type="checkbox"/> Library <input type="checkbox"/> General <input type="checkbox"/> Staff Appreciation <input type="checkbox"/> Other: _____ | |
| G. Proposed Venue | Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section III: Product/Service Information

| | |
|---|---|
| A. What product or service will this fundraiser /event provide? | B. To whom is this fundraiser /event available? <input type="checkbox"/> Students <input type="checkbox"/> School families <input type="checkbox"/> Parishes <input type="checkbox"/> Community <input type="checkbox"/> Other: _____ |
|---|---|

C. Company/vendor to be used (if more than three, please attach a separate sheet with the below information)

| | | |
|---------------------------------|---|---------------|
| Business/Vendor: | Address: | Phone Number: |
| Business/Vendor: | Address: | Phone Number: |
| Business/Vendor: | Address: | Phone Number: |
| D. Duration of fundraiser/event | E. Wait time for service/product delivery | |

Section IV: Staffing

| | | |
|---|---|------------------------|
| A. Chairperson Name: | B. Chairperson Phone Number: | C. Chairperson E-mail: |
| D. Co-Chairperson Name (if applicable): | E. Co-Chair Phone Number: | F. Co-Chair E-mail: |
| G. Accountant I Name: | H. Acct. I Phone Number: | I. Acct. I E-mail: |
| J. Accountant II Name: | K. Acct. II Phone Number: | L. Acct. II E-mail: |
| M. How many additional people will be needed to run fundraiser? | N. Please list job assignments (other than those above) | |

Section V: Details Please write a description of your fundraising/event idea in the space below. Be specific. Attach any additional information if needed.

