



Saint Jane Frances de Chantal Parish
 8499 Virginia Avenue
 Pasadena, Maryland 21122
 410 255-4646

Fund Raising Request Form

Complete the whole form in print
 An incomplete form is invalid and may delay your request

Today's Date: _____	Name of Organization _____
---------------------	----------------------------

Fund Raiser Event Information

Event Dates requested: _____

Start-up Date: _____ Ending Dates: _____

Event Name: _____

Space Requested (Circle) Parish Hall Muth Room
 Parish Center Muth Foyer Lower Church
 Church Chapel School Library

Will Food or Beverage be served? (Circle one) Yes No

Explain the type & Purpose of Fundraiser.

If Items are to be sold please specify the venue:

SJF School Via Bulletin Only

After Masses outside of church

During Fall During Fundays in Hall

Set up Date: _____ Time: _____

Event Start Time: _____ End Time: _____

Cleanup Time: _____ End Time: _____

Information of Person assuming responsibility for the fundraiser event

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

Cell Phone: _____

When the above form has been completed, please return it to the Parish Office. You will be contacted regarding the availability of space. Thank you for your cooperation.

OFFICE USE ONLY

Received by: _____ Date: _____ Time: _____

Status of request for above events: Approved: _____ Not Approved: _____

Conflicts/Comments: _____
