

**ST ANTHONY CATHOLIC CHURCH
FUNDRAISING APPROVAL PROCESS**

Name of Ministry	
Name of Event	
Intended Date	
Location	
Contact Name	
Contact Phone	
Contact email	

Describe the Reason for the Fundraiser (including who benefits and why it is needed):

Describe type of activity and anticipated expenses and revenue (include previous event data):

Charity Gaming (if applicable)
 Type(s) Raffle 50/50 Drawing Pull Tabs Other _____
 Start up Funds for Gaming: \$ _____; Start up Funds Non-Gaming: \$ _____
 Check request for start up money submitted to office week before event.
 Person responsible for Gaming Event (**Name must be on Gaming License**) _____
 *****Person pulling winning ticket must be on the Gaming License*****
COPY OF GAMING LICENSE MUST BE POSTED AT EVENT
 Money to be counted by 2 people day of event, deposit form completed and deposited at bank or put in night deposit
 Gaming forms to be obtained from the parish office week before the event.
 Forms returned to the parish office, the week following the event.

APPROVALS ~ All sections must be completed for approval process to be finalized

Stewardship Commission	
Finance Council	
Gaming Consultant (if necessary)	
Parish Secretary	

Approved by the Pastor on the _____ day of _____, _____.

Signature