

**OUR LADY OF THE LAKES PARISH**

**EVENT/FUNDRAISING MONETARY ADVANCEMENT FORM**

**INDICATE WHICH CAMPUS:**  STV  TRC  BOTH LOCATIONS

**DATE OF REQUEST** \_\_\_\_\_

Event:
Sponsoring Group:
Contact Person:
Phone Number:
Event/Fundraiser:
Date(s):
Request for start-up/change monies: <span style="float: right;">Amount:</span>
Request for use of Parish Small Games of Chance License    Yes _____ No _____
Vendors to be utilized:
Signature of Requesting Group Representative and/or Person
Date approved:
Pastoral Council Representative:
Finance Council Representative:
Games of Chance Representative
Pastor: