

ST. JOHN BOSCO'S PARISH EVENT FORM

INSTRUCTIONS: Please use this form to reserve the use of a parish facility and/or to obtain approval for parish-related fundraising. **Please type or print clearly. Send completed form to Parish Office Center. If the weather is inclement on the day of the event please call the office at 215-672-7280 to make sure the building will be open.**

Organization Name _____ **Event/Activity Name** _____
Contact Person _____
Daytime Tel. _____
Email address: _____

This event is a (Check all that apply.)
 Meeting or Social Event; **Fundraiser.**

SECTION I. PARISH MEETING/SOCIAL Please complete this section if activity will take place on parish property, i.e., *Church, School, Rectory, Convent, Parking Lot, Campus.*

Day of the Week: _____ **Date:** (Month/Day/Yr.) _____ / _____ /20 _____

Time of Event will be from _____ (Circle one.) AM/PM. to _____ (Circle one.) AM/PM.

Is this a **Change** of a previously scheduled date/time? If **Yes**, state previous date/time: _____.

"Set Up" time is needed before the event from _____ AM/PM to _____ AM/PM.

"Take Down" time is needed after the event from _____ AM/PM to _____ AM/PM.

If set-up or take down activities occur on days other than the actual event, please explain.

Facility Requested: *Check all that apply.* Church Church Sacristy Adoration Chapel Gym

Drexel Hall - Cafeteria & Kitchen Drexel Hall - Cafeteria, no kitchen Bosco Room Choir Director's

Office Youth Room Library Other Specify here: _____.

Attendance: Highest number of persons expected in facility at any given time during event: _____

SECTION II. PARISH FUNDRAISING Please complete this section only if activity involves fundraising of any kind – on or off parish property.

Advertisement or Solicitation Period: (Dates) Start: _____ / _____ /20 _____ to _____ / _____ /20 _____

Sufficient Funds Does organization have enough funds to underwrite initial cost of fundraiser? Yes. No.

Profit estimate (*Net Proceeds*) \$ _____ **Disposition of Profit:** _____

Cash prizes? Yes. No. Permit(s) required? Yes. No.

Contract(s) involved? Yes. No. Solicitation of Corporate Sponsors? Yes. No.

Primary Target Audience for Solicitation:

Families associated with fundraising group Parishioners at large Non Parishioners

Businesses: Parishioner-owned Businesses: Non Parishioner-owned Other: Specify here: _____

Parish Mission: Please briefly state on reverse side how this fundraiser and proceeds will further Parish Mission.

Compliance Statement "I affirm that this fundraising event will be conducted in compliance with applicable legal, archdiocesan, and parish business office regulations."

Leader of Organization (*signature*) _____ **Date Signed** _____

PLEASE DO NOT WRITE BELOW.

FOR OFFICE USE ONLY

RECORD OF REVIEWS PASTOR'S INITIALS _____ Approve? Yes. No. Date _____:

SECRETARY'S INITIALS _____ Approve? Yes. No. Date _____:

FINANCE COUNCIL REP.'S INITIALS _____ Approve? Yes. No. Date _____: