

FUND RAISING REQUEST FORM

MINISTRY: _____ **DATE:** _____

SUBMITTED BY: _____

DESCRIPTION OF EVENT:

DATE AND TIME OF EVENT: _____

ONE TIME / RECURRING: _____

CHURCH RESOURCES REQUIRED: _____

CHURCH RESOURCES CHARGE _____

OFFICE/ADMINISTRATOR APPROVAL: _____ **DATE:** _____

COUNCIL APPROVAL: _____ **DATE:** _____

SPECIAL CONDITIONS:
