

St. Hilda – St. Patrick

Fund Raising Proposal

Application Date: _____

Person / Group Requesting Event: _____

Proposed Date of Event: _____

Alternate Date _____

Event Type: _____

Purpose of fundraiser: _____

Amount Estimated to be raised: _____

Estimated Amount for SHSP Operations: _____

Amount & Source of Advance Funds	Amount	Source
_____	_____	_____

Estimated Fundraising Costs: _____

Net Estimated Amount Raised: _____

Event Chairman: _____

Committee Members: _____

Money Handler: _____

Cleanup Committee: _____

Facilities to be used: _____

Bishop's Committee Approval: _____

Date Approved: _____