

**St. Pius X Church**  
**Fundraising Request Form**

(to be submitted to Finance Council at least two months prior to event)

Event: \_\_\_\_\_ Date event is to be held: \_\_\_\_\_

Organization/Activity Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No: (H) \_\_\_\_\_

Phone No: (W) \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone No: (H) \_\_\_\_\_

Phone No: (W) \_\_\_\_\_

**TOTAL ANTICIPATED ATTENDANCE AT EVENT:** \_\_\_\_\_

**PROJECTED EXPENSES:**

Food/Beverage: \_\_\_\_\_

Set Up/Supplies: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Security: \_\_\_\_\_

Other expenses (please itemize):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***TOTAL PROJECTED EXPENSES FOR EVENT:*** \_\_\_\_\_

**PROJECTED INCOME:**

Number of Tickets \_\_\_\_\_ times

Price per ticket \_\_\_\_\_ equals

Income anticipated from ticket sales \_\_\_\_\_

Plus Income anticipated from donations: \_\_\_\_\_

Plus **Parish Funds requested** \_\_\_\_\_

***TOTAL PROJECTED INCOME FOR EVENT:*** \_\_\_\_\_

**PROFIT(LOSS) EXPECTED FROM EVENT:** \_\_\_\_\_

(income minus expenses)

Request submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL:**

Finance Council representative: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_