

# Platt Springs United Methodist Church Fundraiser Request Form

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Group Name

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Project Leader

Phone

E-Mail

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Secondary Contact

Phone

E-Mail

Purpose and Description of Event:

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Proposed Dates, Times, and Locations:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Time(s): \_\_\_\_\_

Locations: \_\_\_\_\_

One Time Event: \_\_\_\_\_

Recurring Event: \_\_\_\_\_ How often: \_\_\_\_\_

I have read the fundraising policies and procedures and commit to conducting an event in a manner respectful of worship, the church family, and staff members and promise a timely return of the designated space and equipment to a clean and orderly state.

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Signature of Project Leader – Date

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Signature - Finance Committee Representative

Finance Committee Approval Date: \_\_\_\_\_

If Denied by Finance Committee: Date Denied: \_\_\_\_\_ Date Group notified: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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