

Exhibit A

Request for Fundraising Activity

Our Lady of Victory Church, 4105 N. Division St., Davenport, IA 52806-4741

MINISTRY/ORGANIZATION: _____

Project Leader(s): _____

Name	Phone	Email
_____	_____	_____
Name	Phone	Email
_____	_____	_____

EVENT DETAILS:

Fundraising category: _____ Check if requesting annual permission

State purpose and perceived benefit derived from the event. Please include who is involved and scope of audience.

Proposed dates/times:

From: _____ To: _____
Date Time Date Time

From: _____ To: _____
Date Time Date Time

From: _____ To: _____
Date Time Date Time

Proposed location: _____

(If applicable) Name of Company/Agency used in connection with this event: _____

Contact Person: _____ Title: _____

Phone: _____ Co. website address: _____

Address: _____
Street City State/Zip

NOTE: A proposed budget (Exhibit B) must be completed and submitted with this request.

SIGNATURE:

I have read the read the Parish Fundraising document and commit to conducting an event in a manner that is respectful of its principles, guidelines and procedures.

_____ Date
Project Leader

APPROVAL: Annual permission Approved Not applicable Other _____

_____ Date
Pastor or Designee