



St. Mary's Catholic Church FUNDRAISING EVENT FORM

(Effective July 20, 2021)

PLEASE PRINT CLEARLY.

NOTE: This form must be submitted at least 30 days from the desired date for events requiring liability insurance or for events with expected sales under \$3,000. If above that amount OR if alcohol will be served, then it must be submitted at least 60 days in advance.

Name of Ministry requesting event: _____

Name of Event Coordinator: _____ Date completed: _____

If coordinator is not the Ministry Leader, do you have permission from the leader to request this event? Yes No

Name of Ministry Leader (if different): _____

Contact phone number: _____ Is this a cell phone? Yes No

Email address: _____

Name of event: _____

Purpose of the event: _____

Requested date of event: _____

Location of the event: _____

*If this event will take place on our church campus, complete the **Request for Use of Church Space and Equipment** form.*

Will children under 18 years of age work in this event? Yes No

If YES, have all adult volunteers completed the diocesan *Safe Environment Program*? Yes No

FUNDS INFORMATION:

For what purpose will money be exchanged as part of this event? _____

How will funds raised be used? (Be specific.): _____

How much do you expect to raise? _____

Name(s) of individual(s) authorized to collect money (All must review the *Diocesan Policy for Cash Collections* and must have completed the diocesan *Safe Environment Program* with regards to financial responsibilities.):

Will third-party service providers be used? Yes No If YES, include information below.

Name(s) of third-party service providers and associated fees:

_____ \$ _____

_____ \$ _____

_____ \$ _____

(Form continues on the other side.)

MARKETING INFORMATION:

- All marketing costs associated with this event are the responsibility of the Ministry making the request.
- If bulletin or any other parish media announcements are planned, it is the responsibility of the Event Coordinator to submit the information to the church Communications Coordinator (communications@stmarysjc.org) within established timeframes for timely publication.
- Event announcements and promotional materials must be reviewed and approved by the Pastor before placement.

ALCOHOL USE: Are alcoholic beverages planned to be served at this event? Yes No

- If YES, approval by the Pastor is required. The event must conform to the *Diocese of Knoxville Policy on Alcohol at Diocesan and Parish Facilities* and may require a *State Alcohol Beverage (ABC) Permit*. The *Liquor Liability* form for alcohol usage/sales must be completed as well.
- The Event Coordinator further understands that he/she is responsible for communicating and ensuring compliance with the policy provisions if the request to serve alcohol is approved.

LIABILITY INSURANCE: Will this event require liability insurance? Yes No

For information abouts events requiring liability insurance, refer to *Diocese of Knoxville Guidelines for Special Events Coverage*. If the answer is YES, then complete the *Diocese of Knoxville Application for Special Events Coverage* form.

PAYMENTS: For events requirement payments, read and sign the *Schedule of Fees for Non-Parish Events* form.

ACKNOWLEDGEMENTS:

By signing below, the Ministry acknowledges that the *Diocesan Policy for Cash Collections*, the *Diocese of Knoxville Policy on Alcohol at Diocesan and Parish Facilities*, and the *Diocese of Knoxville Guidelines for Special Events Coverage* has been read and understood and agrees to abide by all policies and guidelines.

Signature: _____ Date: _____

FOR CHURCH OFFICE USE ONLY

Form received by: _____ Date: _____
(If this form is received by another person, ensure it is given to the Church Secretary.)

Pastor’s approval: _____ Date: _____

For church secretary use only:

- | | | |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | Date of the event on church calendar: | Scheduled Date: _____ |
| <input type="checkbox"/> | Notice to Event Coordinator | Date Given: _____ |
| <input type="checkbox"/> | Notice to Ministry Leader (if not event coordinator) | Date Given: _____ |
| <input type="checkbox"/> | Copy to Bookkeeper | Date Given: _____ |
| <input type="checkbox"/> | Copy to Safe Environment Coordinator (if applicable) | Date Given: _____ |
| <input type="checkbox"/> | Copy to Communications Coordinator (if applicable) | Date Given: _____ |