



St. Mary-Torun

FUNDRAISER CHECKLIST

Please return to the parish office at minimum 15 business days prior to the event.

Today's Date: _____

Submitted on behalf of: _____

For the purpose of: _____

Fundraiser Date(s): _____ Start Time: _____ End Time: _____

Requestor: _____ Phone: _____

Email: _____

☐ Yes ☐ No -- I would like a copy of this form to be returned to me.

ITEMS NEEDED FROM OFFICE PRIOR TO EVENT:

☐ Startup Change – Please provide detailed information on back side.

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Office Notes/Requests: _____

Office use:

Notes:

Facilities Usage Received: ☐ Yes ☐ No

06.21.2021

Startup Change Request:

Area	Quarter	\$1.00	\$5.00	\$10.00	\$20.00	\$50.00	Totals
TOTALS							