

**ABIDING SAVIOR LUTHERAN CHURCH
FUNDRAISING PROJECT OR EVENT APPROVAL REQUEST**

Please note: As part of the approval process the Parish Administrator will need to be notified prior to finalizing details and securing the date/time for any project or event. **Please fill out this form and send/deliver it to Beverly in the Church Office: Beverly@abidingsavior.info; fax: 352-331-7777.** You will be contacted within 5 business days about the status of the request.

Today's Date: _____

Ministry Team(s)/Group(s) Sponsoring Project or Event: _____

Contact/Responsible Person(s): _____

Telephone: H: _____ **C:** _____ **Email:** _____

Contact/Responsible Person(s): _____

Telephone: H: _____ **C:** _____ **Email:** _____

Proposed/Preferred Date(s): _____ **Time(s):** _____

Optional Date(s): _____ **Time(s):** _____

Name of Project/Event: _____

Brief Description of Project/Event: _____

_____ **Expected No. Attending:** _____

Fundraising Goal: \$ _____ **Expected Cost/Expenses: \$** _____

Purpose (who/what will benefit): _____

Facility(ies)/Location(s) Requested: _____

Resources Required (e.g. Personnel, A/V Equipment, food, number & Type of Tables, etc.):

Any Special Approvals/Licenses/Permits Required: _____

Any Community Organization(s) Involved: _____

Contact/Responsible Person(s): _____

Telephone: H: _____ **C:** _____ **Email:** _____

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Will a third-party vendor(s) be supplying a service or providing equipment?

Yes _____ No _____

If so, please attach a copy of that vendor's liability insurance certificate naming ASLC as an additional insured.

Request Submitted By: _____
Signature Date

Received by Parish Administrator: _____
Signature Date

Request Approved By: _____
Signature (for OM) Date

Date Entered on Church Calendar: _____ By: _____
Signature

Additional Comments/Concerns: _____

