



Saint Clare Catholic Church
1950 Junction Blvd. Roseville, California 95747
(916) 772-4717

- **Fundraiser Request Form 2018-2019**

- **Please submit to Paula Staszko by March 2nd, 2018-**

Event Name: _____

Requested Date(s): _____ **Time of Event:** _____

Ministry: _____ **Submitted By:** _____

Phone: _____ **Email:** _____

Facility Location Requested: _____

Purpose of Fundraiser (proposed use of funds):

Would you like to request time in the Narthex to sell tickets?

If so, what weekend(s) (*two weekend limit*)

OFFICE USE ONLY

Received by: _____ **Date Received:** _____

Approved by: _____ **Date Received:** _____