

**St. Michael the Archangel Parish**  
**Current Fundraising/Collection/Solicitation**

Please complete one form for each event -- that has already been approved by the Parish Council/School Board, and is currently in place.

<b>Group / Organization information</b>	
Group Name _____	
Parish	School (circle one)
Primary Contact _____	
Title _____	
Phone _____	
Email _____	

<b>Event / Activity information</b>		
Name _____		
Date(s) event will occur _____		
Location of event _____		
Item to be sold/collected _____		
Fee or Monetary donation involved _____		
Purpose of activity: Fundraising      Collection      Solicitation		
Name of outside charity/organization involved _____		
Number of years you have been doing this activity _____		
Additional information we should know about _____		

Signed \_\_\_\_\_ dated \_\_\_\_\_

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Initial date entered onto calendar \_\_\_\_\_