

ST. MARGARET'S CHURCH

203 Roxboro Road
Mattydale, NY 13211
315-455-5534



201 Roxboro Road
Mattydale, NY 13211
315-455-5791

Today's Date: _____

Special Event/ Fundraising Scheduling Form

Church/ School Group/ Ministry: _____

Contact Person: _____

Phone: _____

E-mail: _____

Name/ type of Event: _____

Date (s) Requested: _____

Start Time: _____ End Time: _____

Location of the Event: _____

If at St. Margaret's, a maintenance fee of \$50 is required (paid to St. Margaret's Church), and clean-up is the responsibility of the group scheduling the event.

Church Entrance area after/before Masses: _____ Dates _____

Will you be soliciting Donations? _____

If so,

What type _____ (i.e. Money, Gift Certificates, etc.)

From who _____ (Name of Business/person)

Accounts expenses paid from account (school/ youth/ church/ parent commission/ other)

Proposed By: _____

Scheduling Approved By: _____

Signature event chair

*Signature of representative of St. Margaret's
Community*

Print Name

Print Name

Date

Date

(Please send to Amanda Hopkins for scheduling, and addition to St. Margaret's website calendar)