

**St. Lawrence  
Fundraising Proposal Form**

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Fundraiser Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Time of Year (or N/A) \_\_\_\_\_

Estimated Out-of-Pocket expense \$ \_\_\_\_\_  
(Funds needed to be spent on development and execution of the fundraiser)

On-site at St. Lawrence or another venue \_\_\_\_\_

Do you anticipate selling alcoholic beverages?       Yes       No

Number of workers/resources required to plan fundraiser \_\_\_\_\_

Number of workers needed at the fundraiser \_\_\_\_\_

Do you have a person willing to chair this event?       Yes       No

If yes, please indicate their name \_\_\_\_\_

Estimated revenue (after expenses) \$ \_\_\_\_\_

Time necessary to plan and execute this event \_\_\_\_\_

Please describe any additional information which may help us to evaluate this proposed fundraiser.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the St. Lawrence School Office.**