

FUND RAISING ACTIVITY APPROVAL FORM

Date of submission: _____ (*minimum 4-6 weeks prior to the event*)

To: Fund Raising Coordinator (*fundraising@sttafw.org*)

Beverly Oberdorf (*b.oberdorf@sttafw.org*)

Re: Request for approval to conduct a fund raising event.

We respectfully request permission to hold the following fund raising activity:

Activity/ Name: _____

Goal is: \$ _____ *in words:* _____

Beneficiary: _____

Organization/Fund: _____

Proposed Date(s) and Time of activity:

Date (1st choice): _____ Time: _____ Date (2nd choice): _____ Time: _____

Intended venue/location of activity: _____

Requested by — Ministry: _____

Primary Point of Contact — Name: _____

Phone: _____

Email: _____

Checklist for Office use only

Request Received by: _____ Date: _____

Fund raising Coordinator approval? Yes No by: _____ Date: _____

Parish Priest's Approval? Yes No by _____ Date: _____

Communication form received by: _____ Date: _____

Event Calendar updated by: _____ Date: _____

Point of Contact Notified of decision by: _____ Date: _____

Financial results received by: _____ Date: _____

Saint Thomas the Apostle Parish
5953 Bowman Roberts Road, Fort Worth, Texas 76179
(817) 624-2184 | www.sttafw.org

FACILITY REQUEST FORM

Contact Information

Name: _____

Email: _____

Phone: _____

Organization/Ministry: _____

Date of Request: _____

Date of Facility Use: _____

Start Time (include set-up/preparation): _____

End Time (include breakdown/clean-up): _____

Building: Church Building Catechesis Building Administration Building

Room Number (see appendix): _____

Recurrence: One-time Recurring

Frequency: Weekly Monthly Quarterly Annually Other

Is coverage by Protection Team Ministry requested? Yes No

Is this a Saint Thomas the Apostle ministry covered by Catholic Mutual liability Insurance?

Yes No

If No, please provide the Insurance information

Insurance Company: _____

Insurance Policy Number: _____

Insurance Contact Information: _____

Will you use the Church's supplies (paper/plastic goods)? Yes No

Supply Type: _____

Supply Quantity: _____

The facility/room must be restored to the same configuration as it was prior to use. Trash must be taken to the dumpster, liners replaced in the trash can, tables cleaned, and floors swept.

For all requests:

- 1) Must be received at least fourteen (14) calendar days before facility use is requested **AND**
- 2) Must be approved by the Pastoral Team at least one (1) week prior to use being granted.

Please submit this form via email or in person to Mercedes Long (m.long@sttafw.org) at the Parish Office Monday-Friday 8:30AM – 5:00PM.

All communications must be received seven (7) calendar days before the announcement is being requested to go out (pending approval).

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CHURCH BUILDING	
ROOM	CAPACITY
301 (SANCTUARY)	1200
302 (CHAPEL)	150
303 (HALL)	100
304 (NARTHEX)	100
CATECHESIS BUILDING	
ROOM	CAPACITY
101	25
102	25
103	25
104	25
105	25
106	25
108	15
111	25
112 (DIVIDER ROOM)	20
113 (DIVIDER ROOM)	50
114 (DIVIDER ROOM)	20
115 (DIVIDER ROOM)	50
ADMINISTRATION BUILDING	
ROOM	CAPACITY
201	8