



St. Andrew's United Church
5226-51 Avenue
Lacombe, AB
T4L 1J6

REQUEST TO FUNDRAISE

NAME: _____

EVENT: _____

DATE: _____

START TIME: _____ END TIME: _____

PROCEEDS TO: _____

TICKET COST: _____

OF ATTENDEES: _____

ROOMS TO BE USED: _____

REQUESTING ALCOHOL: YES NO

(Note: if alcohol is to be served a liquor license will be required)

WILL DOORS BE OPENED BY SECURITY: YES NO

(If yes) OPEN TIME: _____ CLOSE TIME: _____

AV WORKER REQUIRED: YES NO

SPECIAL SET UP REQUIRED: YES NO

(Note: if yes, please provide a diagram to the office)

GROUP CONTACT NAME: _____

GROUP CONTACT NUMBER: _____

The board has reviewed your request and permission is: GRANTED DENIED

BOARD SIGNATURES (2) _____

DATE SIGNED: _____