ASCENSION OF OUR LORD CATHOLIC SCHOOL

FUNDRAISER/FACILITY REQUEST FORM

Date: _____

Participants: _____

Facility: ☐ Don Bosco Hall (after hours) ☐ Lunch Room (all lunches)

☐ Edline / Bulletin Notification ☐ Sporting Event

Date Requested: _____

Time: _____ _____
Arrival Departure

Type of Fundraiser: ☐ Treat Sale ☐ Product Sale

☐ Concessions ☐ Contest ☐ Activity

Details of activity: _____

_____

We recognize that requests are granted on a first come – first serve basis. Signature below is an acceptance of responsibility for all parties involved in this fundraiser. We agree to return the above mentioned facility to its proper condition and acknowledge that failure to do so will forfeit future opportunities of this nature.

_____ _____
Signature Signature

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Approved on _____by_____

Verified: _____Office _____ Rectory