

AFRE APPLICATION

(Please type or print in black ink all information)

For FC Use Only
I.D. _____
Approved _____
Conditional _____
Not Approved _____

Fundraiser Name _____

AFRE Date(s) _____ Location _____
(Month/Day/Year)

Sponsoring Organization _____

AFRE Chairperson _____

Chair's Address _____ Phone (Day) _____
_____ (Night) _____

Briefly describe the purpose and goals for this AFRE:

Projected Number of Workers Needed _____ Projected Number of People Attending _____

Projected Cost of AFRE _____; Source(s) of Initial Funding _____

Cost Per Ticket: _____

Special Rates: _____

Projected Profit _____; Use of Profit _____

Please briefly explain intended methods of advertising, solicitation, or sale of tickets

What equipment do you wish St. Pascal to provide (please be specific with numbers)?

What equipment are you renting from outside sources (please name the companies)?

Are you serving wine and/or beer? Yes No

Does this AFRE involve any gambling? Yes No

Are you aware of the licensing requirements? Yes No

Are you serving or preparing food? Yes No

Does your organization have a licensed Food Service Sanitation person? Yes No

If yes, who? _____

Have you filed a request for a Food Dispensing license? (Attach copy) Yes No

Please remember the report showing income, expenses, and profit is to be returned to the Finance Council within 45 days of the conclusion of the above fund raising event.