

# EXFRE APPLICATION

(Please type or print in black ink all information)

Fundraiser Name \_\_\_\_\_

EXFRE Date(s) \_\_\_\_\_ Location \_\_\_\_\_  
(Month/Day/Year)

Sponsoring Organization \_\_\_\_\_

EXFRE Chairperson \_\_\_\_\_

Chair's Address \_\_\_\_\_ Phone (Day) \_\_\_\_\_  
\_\_\_\_\_ (Night) \_\_\_\_\_

Briefly describe the purpose and goals for this EXFRE:

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Projected Number of Workers Needed \_\_\_\_\_ Projected Number of People Attending \_\_\_\_\_

Projected Cost of EXFRE \_\_\_\_\_; 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

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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.**

For FC Use Only

I.D. \_\_\_\_\_

Approved \_\_\_\_\_

Conditional \_\_\_\_\_

Not Approved \_\_\_\_\_