

# Request for Fundraiser



MEMORIAL PRESBYTERIAN CHURCH  
A missional community called to love and live in Christ

330 South May Street  
Southern Pines, NC 28387  
910.692.6252  
news@brownsonchurch.org

For Office Use:

Application Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Nursery Fees: \_\_\_\_\_

Date Fees Paid: \_\_\_\_\_

Please print clearly

NAME OF EVENT/FUNDRAISER \_\_\_\_\_

Purpose: \_\_\_\_\_

Date of Event: \_\_\_\_\_ # Participants: \_\_\_\_\_

Event Time From: \_\_\_\_\_ To: \_\_\_\_\_

Reserve Time From: \_\_\_\_\_ To: \_\_\_\_\_

Area(s) Needed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fellowship Hall     | <input type="checkbox"/> Conference Center—Room A | <input type="checkbox"/> Ed Building—Room 201 |
| <input type="checkbox"/> Kitchen—Full use    | <input type="checkbox"/> Conference Center—Room B | <input type="checkbox"/> Ed Building—Room 203 |
| <input type="checkbox"/> Kitchen—Limited use | <input type="checkbox"/> Conference Center—Room C | <input type="checkbox"/> Ed Building—Room 205 |
| <input type="checkbox"/> Sanctuary           | <input type="checkbox"/> Atrium                   | <input type="checkbox"/> Ed Building—Room 207 |
| <input type="checkbox"/> Choir Room          | <input type="checkbox"/> Parlor                   | <input type="checkbox"/> Ed Building—Room 208 |
| <input type="checkbox"/> Narthex             | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Parking lot(s)       |

## REQUEST FOR PUBLICITY:

Publicity in Weekly Bulletin (request as early as possible with space permitting): \_\_\_yes \_\_\_no

Publicity in Brownson *Bells* Newsletter (request a minimum of 15th of the month prior to publication): \_\_\_yes \_\_\_no

Publicity on campus TV monitors (request a minimum of 45 days prior to the event: \_\_\_yes \_\_\_no

Publicity on Brownson Facebook Page (request a minimum of two weeks prior): \_\_\_yes \_\_\_no

*\*Publicity for any event should go through the Director of Communications for approval.*

## REQUEST FOR CHILD CARE

Are child care resources needed? (child care expenses should be included in your event budget): \_\_\_ yes \_\_\_ no

RESPONSIBLE PERSON(S)/MINISTRY TEAM: \_\_\_\_\_

(attach additional sheet with pre-event set up details and post-event clean up details)

Phone Numbers Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact—Please list a secondary person for this event/group who may be contacted in case of emergency:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please return this form to Stacey Ostlund, Director of Communications: news@brownsonchurch.org

*Unexpected events, such as a memorial service, may necessitate the cancellation of previously approved use of facilities or fund raisers. Every attempt will be made to give ample notice for rescheduling.*