



SPECIAL EVENT/FUND RAISING QUESTIONNAIRE

Applicant's Name _____ Date: _____

	Event #1	Event #2	Event #3
1. Type of event(s):			
2. Purpose of event(s):			
3. If event is a fundraiser, what is the estimated revenue?			
4. Location of event(s)			
5. Activities involved:			
6. Will alcohol be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Anticipated dates of the event:			
8. The number of people estimated to attend:			

Use additional sheet, if necessary.

Are you: Hosting the event Participating in a larger event, or just receiving the funds from the event?

Applicant's Signature

Title