

Rec'd By: _____

Date Rec'd: _____

AUXILIARY EVENT PROPOSAL

Proposals should be turned in two months prior to your event. The completeness of your proposal will determine the turn around time. You will receive a response from all completed proposals within one week.

PLEASE PRINT CLEARLY

Today's Date _____ Auxiliary Leader _____

Contact No. _____ Email _____

Auxiliary Name _____

Name of Event _____ Date of Event _____ Time _____

Location / Address of Event _____

Purpose of Event _____

Proposed Speaker (if applicable) _____

Speaker Approved by Pastor Yes No Pending

Contract Agreement: Yes No If Yes, please attach copy of contract and/or detailed information.

Itemization of Money to be Raised (donations, ticket sales, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(Use additional sheet if necessary) **GRAND TOTAL** \$ _____

Description of Estimated Expenditures (i.e. materials, food, decorations, speaker's honorarium, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(Use additional sheet if necessary) **GRAND TOTAL** \$ _____

1. Total Amount Expected to be Raised \$ _____

2. Total Estimate of Expenditures \$ _____

3. Estimated Profit or Loss of Event \$ _____

4. Total in Auxiliary Account before Event \$ _____

5. Expected Balance after the Event (Compute lines #3 and #4) \$ _____

(For Office Use Only) EVENT: Approved Denied Pending

Comments: _____

Administrator's Signature: _____ Date: _____