



THIS FORM MUST BE COMPLETED BY EACH COMMITTEE REQUESTING SPONSORSHIP OF AN ACTIVITY

Check one Program:

CHURCH

FAMILY

COMMUNITY

PRO-LIFE

COUNCIL

YOUTH

Project Title: _____

Date of Project: _____ Time of Activity: _____

Purpose of Activity: _____

Number of Council Members Needed for the Project: _____

Estimated Man Hours Needed for the Project: _____

Estimated Funding Needed for the Project: _____

Materials Needed: (forms, flyers, banners, tools, food ...)



Chairman's Name: _____

Chairman's Contact Information: phone(s) _____

Email: _____

Detailed Description of the Project: _____

Signed: _____

(Project Chairman)