

**St. Maximilian Kolbe Parish
Liberty Township Ohio
Fundraising & Charitable Events
Request for FY2017-2018**

Office Use Only: Priority _____
Date Received _____
Date Entered: _____
Date of Meeting: _____
Date Approved: _____
Approved by: _____

Type of event: Fundraising Charitable

Sponsoring organization: _____

Proceeds to benefit: _____

Description of event (bake sale, raffle, etc.): _____

Date(s) requested: from: _____ to: _____

Time of event: beginning: _____ (am) (pm) ending: _____ (am) (pm)

Extra time needed for: setup: _____ (minutes) cleanup: _____ (minutes)

Contact person: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

What facility or room(s) do you wish to use? Gym _____ Kitchen _____ Classroom _____ Gathering Space _____

Other (be specific) _____

Number of people expected at event: _____

Are alcoholic beverages being served? (permit required) Beer _____ Wine _____ Spirits _____

Indicate the cost and sale prices for products and/or activities being offered (attached separate sheet if necessary):

Proposed promotions (bulletin, FB, website, etc.) _____

Other parish resources required (tables, chairs, video, kitchen equipment): _____

Do you require a table in the gathering space Yes No (note: maximum 1/2 table per ministry)

Note: Please refer to the parish website www/saint-max.org for reservation policies and facilities usage rules before submitting this form for consideration.

Parish Council recommendation:
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