

**St. Maximilian Kolbe Parish  
Liberty Township Ohio  
Fundraising & Charitable Events  
Request for FY2019-2020**

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](http://www/saint-max.org) for reservation policies and facilities usage rules before submitting this form for consideration.**

Parish Council recommendation: