

ST. MAXIMILIAN KOLBE PARISH
5720 Hamilton-Mason Road
Liberty Township, Ohio 513-777-4322

Scheduling Request Form

July 2017 through June 2018

Please complete this form in its entirety

Today's Date: _____ Ministry/Organization: _____

Event Name: _____

Contact Person: _____

Phone: _____ Cell Phone: _____ Email: _____

Dates Requested: From: _____ To: _____

Frequency of Event: _____ *i.e. weekly, monthly*

Exception(s) to frequency:

*If this is a reoccurring event the exceptions to frequency **have** to be listed. Please carefully read the scheduling guidelines for any dates that events are not permitted to happen on or off-site. Also, please take into consideration times that your ministry won't want to meet (i.e. holidays, spring break, etc.) and list out those **specific dates**.*

Actual Time of Event: From: _____ To: _____

Setup: 15, 30, 45, 60(minutes)
Please circle one

Cleanup: 15, 30, 45, 60(minutes)
Please circle one

Size of event (number of participants expected) _____

Facility/Room Requested: 1st Choice _____ 2nd Choice _____

Room Assignment at the discretion of Scheduler based on parish needs.

Is Request for Liturgy? Yes No if yes, has this been approved by the Pastor? Yes No

Is Request for Fundraiser? Yes No if yes, fill out Fundraising Form

Will there be alcohol at this event? Yes No if yes, contact Business Manager

Additional Facility/Resource Requests: _____

Comments: _____
