ST. MAXIMILIAN KOLBE PARISH

5720 Hamilton-Mason Road
Liberty Township, Ohio 513-777-4322

Scheduling Request Form

July 2018 through June 2019

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)* *Cleanup:* 15, 30, 45, 60*(minutes)*

Please circle one *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*

Do you need a TV for thie event? Yes ☐ No ☐

Is this event *offsite*? Yes ☐ No ☐

Comments: _____

_____