

Private Event Reservation Request Form

St. Maximilian Kolbe Parish 5720 Hamilton-Mason Road, Liberty Twp, OH 45044, 513-777-4322

Request For Date of:	
Type of Event:	Number of People Attending:
Person Responsible for Rental:	
Address:	Phone:
Email:	
Large Conference Room(seats 50 with tables & o	chairs) Gym(seats 315 with tables & chairs) Kitchen
After the Reservation Request Form has been approved, you will be con to be completed 14 days before the event:	ntacted by the Facility Scheduler for further documentation. The following documents are
Reimbursement fees paid in full (these fees cover the cost of lighting)	g, heating, a/c, supplies)
Complete a Policy & Usage Agreement	
• Liability Insurance Certificate- It is Archdiocesan policy that all priva	te events have liability insurance when using the space. There are two choices:
1. Get a writer on your Home Owner's Insurance for at least \$1,	000,000 in coverage naming St. Maximilian Kolbe Church as an additional insured.
2. Purchase the "Special Events" Insurance through the Archdic Tulip/Pages/DioceseEligibility.aspx	ocese for \$125. To obtain a policy please go to http://www.kandkinsurance.com/sites/
I have read, understood the St. Maximilian Kolbe Parish Private Event F	Reservation Request Form, and agree with all rules/regulations.
Signature of Person Responsible for Rental	Date Signed