

ACTIVITY REQUEST FORM

Parish Offices: phone 637-7600 fax 637-3794
747 Harrison Ave, Louisville, KY 40217
lisa@paxchristilou.org

General guidelines for completing activity request form:

1. Events must fit in with the overall mission of the Archdiocese and parish.
2. Submit activity request form to parish offices in care of Business Manager. Please note that **charitable gaming events** require a minimum **90 day notice** due to the requirement that a gaming license has to be obtained before an event can be promoted. **Non-gaming events** require a minimum **30 day notice**.
3. The Business Manager will contact the Point of Contact to review calendar conflicts, request additional information and/or notify of request status.

TODAY'S DATE _____

PARISH St. Elizabeth Our Mother of Sorrows St. Therese

NAME OF ACTIVITY _____

Activity Date(s) _____ Start _____ End _____

Activity Date(s) _____ Start _____ End _____

Using the activity detail box on page 2, describe the activity including purpose, goal and expected revenue/costs (if any). Please be specific.

Reservation of Space for Setup: Date(s) _____ Start _____ End _____

Reservation of Space for Tear Down: Date(s) _____ Start _____ End _____

PLEASE NOTE: *With rare exception, Maintenance Staff assistance with setup and tear down will be limited to only major parish fundraising activities or those parish activities where it is not physically feasible for the participants to perform those functions themselves. Staff assistance should be limited to standard work schedules unless special arrangements have been made with the Business Manager. Please use the additional comments box to advise of special needs.*

POINT OF CONTACT (POC) _____

POC's phone number and e-mail address: _____

FACILITIES *(circle all that apply)*

St. Elizabeth Church Cafeteria Rectory Dutchman's Hall

Our Mother of Sorrows Church Gym Cafeteria Rectory Lyons Den Upper Room

St. Therese Church Gym Rectory

Keys required? _____ Alarm code required? _____

CHARITABLE GAMING Y N

If yes, licensed Gaming Chairperson: _____

Please list the appropriate number of gaming tables/booths for each game to be conducted:

_____ Bingo (only count as 1)	#_____ Blackjack	#_____ Horse Race Bingo
#_____ Poker	#_____ Dice Games	_____ Pulltabs (only count as 1)
#_____ Roulette	#_____ Raffles	#_____ Keno
#_____ Baccarat	#_____ Quarter Push	#_____ Texas Hold'em
#_____ Money Wheels (Cash Prizes)		#_____ Horse Race by Roll of Dice
#_____ Non-Cash Prize Wheel Games (Prize value does not exceed \$100)		

ALCOHOL SERVICE **Y** **N**

If yes please list approved bartenders. Two are required to be on site at all times.

If alcohol request approved security will be scheduled by the parish offices and paid for by event proceeds.

START-UP MONEY **Y** **N**

If yes, start-up check made payable to: _____

Number of \$20 bills	_____ x \$20	= _____
Number of \$10 bills	_____ x \$10	= _____
Number of \$5 bills	_____ x \$5	= _____
Number of \$1 bills	_____ x \$1	= _____
Number of rolls of quarters	_____ x \$10	= _____
Number of rolls of dimes	_____ x \$5	= _____
Number of rolls of nickels	_____ x \$2	= _____
Total		\$ _____

OTHER CHECK REQUESTS WILL BE SUBMITTED? **Y** **N**

Activity Detail/Additional Comments

FOR OFFICE USE ONLY

	<u>Date</u>	<u>Initial</u>
_____ POC Contacted	_____	_____
_____ Approved	_____	_____
_____ Activity Added to Calendar	_____	_____
_____ Temp adjustment work order	_____	_____
_____ Other Maintenance workorder	_____	_____
_____ Gaming License Obtained	_____	_____
_____ Security Scheduled	_____	_____
_____ Bartenders Scheduled	_____	_____
_____ Vanguard schedule change	_____	_____
_____ Insurance Certificate on file	_____	_____
_____ Issuance of Keys/code	_____	_____

OTHER: _____
