



DATE REC'VD: \_\_\_\_\_

BY: \_\_\_\_\_

**APPLICATION FOR ACTIVITY/EVENT BY PARISH GROUPS  
(ONE ACTIVITY PER APPLICATION)**

Date(s) of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

**CONTACT INFORMATION:**

Are you a Parishioner of MQP:  Yes  No

Leader/Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PROPOSED ACTIVITY/EVENT:**

Start Time \_\_\_\_\_ End Time: \_\_\_\_\_

Set-Up Date/Time: \_\_\_\_\_ Take-down Date/Time: \_\_\_\_\_

**TYPE OF ACTIVITY/EVENT:** (check all that apply)

Annual  One-Time  Ministry  Social  Community (non-MQP)

**FACILITIES REQUESTED:**

Church  Meeting Space  Conference Room  Social Hall  Kitchen

Will you need A/V Resources?  Yes  No Specify: \_\_\_\_\_

Parking Lot – *Please note that the parking lot is unavailable 30 mins before and after Mass.*



**ESTIMATED NUMBER OF PEOPLE ATTENDING:** \_\_\_\_\_

Will you be serving food?  Yes  No Are you using a Caterer?  Yes  No

If Yes, Caterers Name: \_\_\_\_\_

Will alcohol be served:  Yes  No Banquet Permit Holder: \_\_\_\_\_

\*If using the Kitchen, someone with Kitchen Training must be present at all times (Kitchen training onsite must be completed before Activity/Event is approved).

Describe the Activity/Event and it's purpose:

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1. Who will attend this Activity/Event?

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2. How will they be recruited?

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3. How will you communicate your initiative to the Parish?

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4. Will you need Parish resources for your recruitment efforts?  Yes  No



**FINANCIAL INFORMATION**

1. What kind of expenses do you anticipate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What will be the source of funding?

\_\_\_\_\_  
\_\_\_\_\_

1. Will Attendees be required to pay:  Yes  No /  Flat Fee \$ \_\_\_\_\_  Donation

a. Will these fees cover costs:  Yes  No

b. Is there a revenue goal?

\_\_\_\_\_  
\_\_\_\_\_

c. What are your fundraising plans?

\_\_\_\_\_  
\_\_\_\_\_

d. Will funds be donated to another nonprofit organization:  Yes  No

e. Who will be responsible for the collection and accounting of funds?

\_\_\_\_\_  
\_\_\_\_\_

f. Will the funds be deposited with the Parish Office?  Yes  No

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**PARISH OFFICE USE ONLY**

Fr. Chad Green \_\_\_\_\_

Date \_\_\_\_\_

Administrator \_\_\_\_\_

Date \_\_\_\_\_

Staff Liaison \_\_\_\_\_

Bookkeeping Account Codes:

Deposits:

Expenses: