



SIGN-UP PARTY/CLASS DONATION FORM

Party Host(s) Information:

Name(s): _____
Email(s): _____
Phone(s): _____

Party Information:

Name of Party/Theme: _____

Type of Party or Class (*please circle*): Adult Family Kids

1) Party Date / Time: (Important - specifics are PREFERRED so that buyers/guests can schedule)

-- OR --

2) Time frame: (*Required* - if specific day/date/time is not listed above. Example: "Friday night in May")

Party Location: _____

Number of Guests: _____

Suggested price per person or per duo, trio, etc.: _____

Suggested ages of Guests/Target Audience: _____

Restrictions or Expiration Dates: _____

Detailed Description of the party: (*as it appears in auction program*)

Questions? Contact:

Paige Ellerman
Spring Fling Committee Chair
859-801-1199
pellerman@fbtlaw.com

Kara Olding
Mercy Montessori Director of Advancement
513-475-6700 x264
kolding@mercymontessori.org

Please Note:

- Donated items will be used at the discretion of the auction committee.
- This form and donated item(s) must be received by March 2nd to ensure inclusion in published materials.