

EVENT REQUEST

Sponsoring Group: _____

What is the event: _____

Contact Person: _____

Phone: _____

E-mail: _____

Group(s) that will be present: _____

Approximate number of people expected: _____

Where will the event be held: _____

Church, Red Building (PCR), Parish Office, School Multipurpose Room, Family Life Center HALL, Family Life Center GYMNASIUM

Are you a registered parishioner of a Catholic Church? ____ YES ____ NO

If yes, please provide the parish name, city, state: _____

DATE AND TIME

1ST Choice Day of Week, Date, Year (Must include year): _____

Starting and Ending Time: _____

2nd Choice Day of Week, Date, Year (Must include year): _____

Starting and Ending Time: _____

INTERNAL USE ONLY

Approved for Event: _____

Pastor

Principal

Approved on Calendar: _____

Church

School

Forwarded School/FLC/Gym requests to: _____

Placed on Parish Calendar _____

Placed on Planning/Liturgical Calendar _____