

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

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 _____