

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, Church Hall, Rectory, School Cafeteria, Other)

DATE AND TIME

1ST Choice Day of Week, Date, Year: _____

Starting and Ending Time: _____

2nd Choice Day of Week, Date, Year: _____

Starting and Ending Time: _____

Approved for Event: _____

Pastor

Principal

Approved on Calendar: _____

Church

School