

Parish Calendar Request Form

REQUEST DATE _____
APPROVED _____
CALENDAR _____

Please Complete and Return to **Shelley Pokrivka** in the Parish Office

SCHEDULED EVENT NAME _____
(Please submit at least two weeks in advance, or as far ahead as possible)

DATE(S)/START-END TIME OF EVENT _____

LOCATION _____

SET UP TIME _____

SET UP & EQUIPMENT NEEDED *(Please Submit Separate Floor Plan if Extensive Set Up Required)*
Parish RENTAL – Floor Plan will follow prior to event.

TEAR DOWN & CLEAN UP

Will there be excess trash to dispose of? YES _____ NO _____

Will your event collect items/money that need to be stored? YES _____ NO _____

If yes, where are the items/money to be stored? _____

REQUESTED BY _____

Phone # *(If not staff)* _____ Email _____