



Office Use Only:

Date Received _____ Initials _____

Date Entered _____ Initials _____

Event in *Church Calendar* or *Comm. Mtg. Calendar*

Approved
By Susie D. on

Initials _____

Initial Event Planning and Request Form

It is important that you fill out all the information requested.

All publicity for parish sponsored events are subject to approval from the Director of Parish Events

Organization _____ Event Name _____

Contact Person _____ Phone _____ Cell _____

Event Date: _____ Event Starting Time _____ Event Ending Time _____

Facility you are interested in: _____

Number of people expected _____ Estimated Ticket Price _____

Type of event: Conference Luncheon/Dinner Retreat Social Function Other
(please circle one) Special Mass Performance/Outside Speaker Large meeting > 40 people

What is the primary purpose of this event and how does it support St. Joseph's Parish Mission "To Evangelize God's People beginning with the Gift of the Holy Eucharist"?

List of Committee Members:

Chair _____

Estimated Budget:

Estimated Income
Ticket Sales _____
Donations _____
Estimated Total Income _____

Estimated Expenses
Food/Beverage _____
Materials/Supplies _____
Rental Equipment _____
Office Expenses _____
Speaker/Entertainment Fees _____
Other _____
Estimated Total Expenses _____