



## EVENT PLANNING REQUEST FORM

Name of Ministry/Organization/Group \_\_\_\_\_

Contact Person (required) \_\_\_\_\_

Primary Phone (one required) Cell \_\_\_\_\_ Home \_\_\_\_\_

Email address \_\_\_\_\_

Name / Type of Event \_\_\_\_\_

Requested Date(s) \_\_\_\_\_

Will a Lay Religious, Clergy, or Musician be presenting? \_\_\_ Yes \_\_\_ No Name \_\_\_\_\_

Specific Location Requested \_\_\_\_\_

Requested Time(s) for Event \_\_\_\_\_

Set Up \_\_\_\_\_ Clean Up \_\_\_\_\_

Frequency of Event \_\_\_ Once \_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Annually

Has this event been held at GSCP in the past? \_\_\_ Yes \_\_\_ No

Likely Attendees (check all that apply) \_\_\_ Children (under 18) \_\_\_ Adults

After approval, will you be advertising? \_\_\_ Yes \_\_\_ No How? \_\_\_ Bulletin \_\_\_ Website

\_\_\_ Parish Flocknote \_\_\_ Parish Social Media \_\_\_ Flyers \_\_\_ Newspaper \_\_\_ TV

Will you need to use the kitchen? \_\_\_ Yes \_\_\_ No If yes, please provide the name of the person

assigned to oversee its use \_\_\_\_\_ Phone \_\_\_\_\_

Will food/non-alcoholic drink be sold? \_\_\_ Yes \_\_\_ No Will tickets be sold? \_\_\_ Yes \_\_\_ No

Will alcohol be served? \_\_\_ Yes \_\_\_ No Will alcohol be sold? \_\_\_ Yes \_\_\_ No

Type? \_\_\_ Beer \_\_\_ Wine \_\_\_ Liquor Will inventory be sold? \_\_\_ Yes \_\_\_ No

Will there be Contracts / Rental Agreements for any Goods or Services? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Request submitted by:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Check Additional Forms Needing to be Submitted

\_\_\_ Facility Request \_\_\_ Communication Request \_\_\_ Diocesan Form(s)