

# St. Michael Catholic Church

## EVENT/SPACE REQUEST FORM

This form must be submitted for approval to the Parish Secretary prior to all **fundraisers, events or meetings** you wish to schedule at St. Michael facilities.

Name of Event: _____
Sponsoring Organization: _____
Organization Contact Name: _____
Organization Contact Number: _____
Proceeds (if any) to Benefit: _____

Start Date: _____	End Date: _____	Time: _____			
Special requirements :					
<input type="radio"/> A/V	<input type="radio"/> Set-up	<input type="radio"/> Power	<input type="radio"/> Clean-up	<input type="radio"/> Tables _____	<input type="radio"/> Other _____
Facilities needed:					
<input type="radio"/> Large Church	<input type="radio"/> Small Church	<input type="radio"/> Children's Chapel	<input type="radio"/> Sacristy	<input type="radio"/> Library	
<input type="radio"/> Fellowship Hall	<input type="radio"/> Upper Kitchen	<input type="radio"/> Gymnasium	<input type="radio"/> Lower Kitchen		
<input type="radio"/> Food Cellar	<input type="radio"/> Conference	<input type="radio"/> Room	<input type="radio"/> Narthex	<input type="radio"/> Classroom/s (Rm#) _____	
<input type="radio"/> Other: _____					

Promotional Requests. Use the back of this form to provide content or attach your own flyer.					
Start/End Date you would like your event promoted: _____					
<input type="radio"/> Bulletin	<input type="radio"/> Monthly Newsletter	<input type="radio"/> Local Publications	<input type="radio"/> Bulletin		
<input type="radio"/> Mass Announcements	<input type="radio"/> Facebook	<input type="radio"/> Website Archdiocese			

Names of volunteers participating in this event: _____	
Does the event involve youth?	<input type="radio"/> YES <input type="radio"/> NO
If YES, please submit STAND Training verification. Reviewed and approved by: _____	
(signature of Sally Amatucci)	

Event Approved by: _____	Date: _____
Event Added to Main Calendar: _____	