



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 Group/Committee: _____

Group/Committee Contact Name: _____

Group/Committee Contact Number: _____

Start Date: _____ **End Date:** _____ **Times:** _____

Special requirements :

A/V Set-up Power Clean-up Tables _____ Other _____

Facilities needed:

Large Church Small Church Children's Chapel Sacristy Library

Fellowship Hall Upper Kitchen Gymnasium Lower Kitchen** Deacons Office

Food Cellar Conference Rm Narthex Classroom/s (Rm#) _____

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: _____

Bulletin Monthly Newsletter Local Publications SM Website

Mass Announcements Facebook Website Archdiocese

**If using Lower Kitchen have the volunteers been Food & Safety Trained? YES NO
(If not please contact Al Cerrone to set up training alan.cerrone@gmail.com)

Names of Adult volunteers participating in this event: _____

Does the event involve youth? YES NO

If YES, please submit VIRTUS Training verification. Reviewed and approved by: _____
(signature of Sally Amatucci)

Event Added to Main Calendar: _____ Date: _____