

**PARISH EVENT/
FUNDRAISER APPROVAL** If your event will require the use of a meeting/classroom, complete Room Reservation section on reverse side of this form.

Proposed Event*: _____

Proposed Date/Time*: _____ **NOT APPLICABLE** For benefit of*: _____

Venue*: _____ Please specify Expected # of people in attendance*: _____

NOTE: All fundraising events or sales (regardless of venue), must have prior *written approval* of Pastor /Business Manager before they can take place or be put on calendar .

Approved: Yes No Yes w/following conditions: _____

Date: _____

Pastor/Business Manager Signature _____ For Office Use Only

RESERVATION/VENUE REQUEST CHANGE

Event Name/Activity _____

FROM:

Room/Venue: _____ Please specify

Originally requested Time of Event: _____ am pm

TO: **NOT APPLICABLE**

Room/Venue _____

New Time of Event: _____ am pm Time in(set-up time): _____ Time out(clean-up time): _____

New Requested Date(s) _____

Requested by: _____

RESERVATION CANCELLATION REQUEST

Event Name/Activity _____

Room/Venue Other _____ Please specify

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

Requested by: _____

SPECIAL NOTE: Sacraments and Special Liturgies take precedence over scheduled events. Special Parish Events take precedence over scheduled recurrent events. Every effort will be made to avoid scheduling conflicts or cancellations, however please be advised that sometimes these cannot be avoided. Thank you for your understanding and cooperation.

For Office Use Only

Date Received: _____ Placed on Calendar by: _____ Date: _____

Approved By: _____ Assigned Room: _____