

**St. Clement Catholic Church**  
**Request for Youth Participation / Events**

To all Ministries:

Please complete the following information to request youth participation and/or support for your event. This request must be received in the church office at least one month in advance of the event to insure proper time for communication and response from the Youth Ministry Team. Thank you for your cooperation.

Sponsoring Ministry: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Time(s) of Event: \_\_\_\_\_

Details:

Number of Youth: \_\_\_\_\_  
Grade/Age Requirement: \_\_\_\_\_  
Description of Duties/Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attention Ministry Leaders: All adults working with the teens MUST  
have Safety Environment and Background Screening.**

Youth Ministry Response:

Response/Approval: \_\_\_\_\_  
Date: \_\_\_\_\_  
Coordinator: \_\_\_\_\_  
Details: \_\_\_\_\_

\_\_\_\_\_