

Event Planner Form
St. John the Apostle Catholic Church



Ministry/Organization: _____

Kind of Event: _____

Contact Person / Event Coordinator: _____

Phone Number: _____

E-mail Address: _____

Requested Date/Time and Place/Room: _____

Setup Time: _____

Clean-up Time: _____

Requirements (ie: Setup/Takedown Times, tables, chairs, etc.):

Cost/Ticket (if any): _____

Will the event need bulletin, announcement at Mass by Fr. Maxy, or announcement at Mass by other speaker? _____ **(If Yes, please use second page)**

Additional Comments:

OFFICE USE ONLY

Date(s) Available: Yes or No Other Options: _____

Confirmed dates with Point of Contact: Yes or No

Remarks (if any)

Pastor's Signature

Date

CC: Parish & School Accountant, Admin Assistant, Facilities Manager

