

ST. JOSEPH PARISH
EVENT / ACTIVITY REQUEST & APPROVAL FORM

All parish events or activities require advance approval.

REQUESTOR

Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

EVENT INFORMATION

Event / Activity Name:

Ministry (if applicable):

Brief Description:

Date(s): _____ Time(s): _____

Location: _____

Estimated Attendance: _____

LOGISTICS (CHECK ALL THAT APPLY)

Parish keys needed? Yes No If yes, specify: _____

Parish funds requested? Yes No Amount: \$_____ Purpose:

Will donations be collected? Yes No

Facilities support needed (tables, chairs, A/V, kitchen, etc.):

RESPONSIBLE ON-SITE PERSON

Name:

Phone: _____ Email: _____

This person must be present and responsible during the activity.

ATTACHMENTS (IF APPLICABLE)

Budget Agenda / Plan Flyer Volunteer List Donation Log

APPROVAL

Approved by: Deacon John Carter, Pastoral Associate, St. Joseph Parish, jcarter@stjosephsp.org
or Charmaine Carter, Parish Liaison, ccarter@stjosephsp.org

Signature: _____ Date: _____

Notes / Conditions: _____

OFFICE USE

Fiscal Office Notified: Yes No

Calendar / Facilities Updated: Yes No

Donation Handling Note:

All check and cash donations must be documented and submitted to Deacon Carter. Attach a donor list with contact information for tax acknowledgment purposes.