



St. Boniface
Roman Catholic Church

Parish Event Request Form

Please complete & return to parish office for approval

This form must be done two weeks before the event

Date: _____

Name: _____

Ministry Name _____

Ministry Leader _____

Contact Cellphone # _____ email: _____

*Event title/purpose: _____ Event Date: _____ Day: _____

Event start time: _____ End time _____ Event Location/Room# _____

How Many people are expected to attend? _____ Cost/donation: _____

Please Select

	#	Size	Others	#
Tables				
Chairs				

Note: You are responsible for set up, clean up, and then assemble the way it was; **Including the bathrooms**, please schedule your arrangements Monday to Friday from 9am to 4:30pm, with maintenance department. Nestor Fernandez.

COMMENTS:

Sign:

To be completed by office staff only

Building Assignment _____ Room Assignment: _____ Sign _____

Key given to: _____ Date: _____ Key returned by: _____ Date: _____

Office Staff Name _____ Date: _____

sign _____

Approved by: Fr. Fernando Orejuela _____ **Date** _____

Note: Any change after this date must be in writing on a new form approved by Pastor.

*Please attach a Copy of the program of your event
The key should be pick up at the regular office hours*

*Given to Rosa: _____ Given to Nestor: _____
Given to Yaneth: _____*