

St. Rita Clarklake Event Request Form

Please submit this form 3 weeks prior to the event.

Name of the Event: _____

Event Date: _____ Start Time: _____ End Time: _____

Presenter Name: _____

Presenter Contact Information: _____

Presenter Information: _____

Location Preference (please circle one):

Pumpkin Patch Cornfield Hall Church Chapel Greeting Room

Event Expense Policy: Every effort should be made by the sponsoring group to cover event expense(s). All expense reimbursement must be preapproved by the Pastor and the Parish Office. Free will donations must be turned in to the Parish Office for processing to cover expense and stipend requests.

Stipend Request: _____

Sponsoring Group: _____

Primary Contact

Name: _____ Telephone: _____

Attending: _____ One time event Ongoing event

Media placement Specify Dates: _____

Bulletin Facebook Website MyParish App

Office Use Only

Approved By: _____ Stipend Amount: _____ Date: _____

Staff coverage: _____ Amount Received: _____