

St. Elizabeth Ann Seton Church

2016 Willis Lane Keller, TX

Office 817-431-3857

Facility Scheduling Request

Revised July 18, 2016

Instructions:

- 1 Complete entire form, print LEGIBLY if not online. Return it to the Parish Office.
- 2 One event /facility per form - DO NOT SCHEDULE MULTIPLE EVENTS ON ONE FORM
- 3 Be specific - date, time, number of chairs, tables, etc.
- 4 Read policy and guidelines and inform your organization members
- 5 When the agreement has been approved and scheduled, a signed and dated copy will be returned to you.
- 6 If the schedule cannot accommodate your request or if any changes are made, you will be notified.

Today's Date: _____ Ministry/Organization _____

Coordinator: _____ Parish _____ Diocese/Other _____

Phone and email _____

Event Name: _____

Person Leading Event: _____ Parish Member Yes No

Incoming Priest, Deacon and /or speaker: refer to attached enclosure Yes No

Event Description

Event Dates From: _____

<u>Event Times</u>		<u>Facility Requested:</u>	
Start _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	1st Choice _____	
End _____	AM <input type="checkbox"/> PM <input type="checkbox"/>	2nd Choice _____	
Setup _____	Min <input type="checkbox"/> Hr <input type="checkbox"/>	No Preference <input type="checkbox"/>	
Cleanup _____	Min <input type="checkbox"/> Hr <input type="checkbox"/>		

How Often Will This Facility Be Required? _____
 (Ex: Daily, Weekly, Weekdays, Monthly, 2nd Tuesday, Every Sunday, etc.) NOTE: No meetings on Holidays/Holy Days

Do you require equipment and if so, what? _____
 (Microphone, TV/DVD, Extension Cord, Screen, Projector, Tables, Chairs, Other)

Expected Attendance: _____ Is food to be served? Yes: No:

Additional Comments: _____

1. If the event is cancelled I will contact the Parish Office as soon as possible.
2. With my signature I verify that our organization will read the parish facility policies and guidelines and will fully comply as outlined, and understand that failure to do so will result in group or individual loss of privileges.

Requester Signature: _____ Date:

Facility Scheduler Signature: _____ Date:

Notes:



Diocese of Fort Worth

Request Form for Incoming Priests, Deacons, Religious and/or Speakers

Please use this form for incoming Priests, Deacons, Religious or Speakers for any substitutes, sacraments, parish missions, retreats, workshops, etc. Any time a Priest, Deacon or Speaker NOT affiliated with the Fort Worth Diocese celebrates a sacrament or gives a presentation on Church property or on behalf of the Church, it is appropriate to use this form.

Parish/Inst.Name _____ Parish/Inst. Contact person: _____

Phone Number: _____ Event Date(s): _____

Please check all that apply:

The Person named below is a Priest Deacon Religious Lay Person

The Person will be Speaking Substituting

This Person will be working with children Yes No

This Priest/Deacon will be the Main Celebrant of a Sacrament (Mass, Baptism, Marriage, etc.) Yes No

Event Description (retreat, conference, etc.) _____

*Name of incoming Priest/Deacon/Speaker _____

Phone _____ Address _____

Email _____ Website _____

*From what Diocese/Religious Institution/Employment _____

*Contact Person (Diocese, Religious Superior, etc) _____

*Address _____

*Phone _____ Email _____

**Required Information (No approval process will begin without this!)*

Please attach any other pertinent information.

(Diocesan Use Only) – Date and Initial

Date letter of Good Standing requested: _____ Date received _____

Director of Catechesis Approved _____ Superintendent Approved _____

Chancery Approved _____ Parish/Inst Notified (date) _____