## St. Elizabeth Ann Seton Church

2016 Willis Lanc Keller, TX

Office 817-431-3857

## Facility Scheduling Request

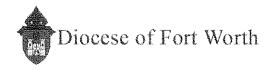
Revised July 18, 2016

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	
	Parish Diocese/Other	
Coordinator:	Phone and email	
Event Name:		
Person Leading Event:	Parish Member Yes No	
Incoming Priest, Deacon and /or speaker: refer to attached enclosure	Yes No No	
Event Description		
Event Dates From:	· · · · · · · · · · · · · · · · · · ·	
Event Times         AM         PM         PM           Start         AM         PM         PM           End         AM         PM         PM           Setup         Min         Hr         PM           Cleanup         Min         Hr         PM	Facility Requested:  1st Choice 2nd Choice No Preference	
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, C	Chairs, Other)	
Expected Attendance: Additional Comments:	Is food to be served? Yes: No:	
1. If the event is cancelled I will contact the Parish Office as soo	n 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:



## 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	ng Substituting
This Person will be working with children	Yes No
This Priest/Deacon will be the Main Celebrant o	of a Sacrament (Mass, Baptism, Marriage, etc.)  Yes No
Event Description (retreat, conference, etc.)	
*Name of incoming Priest/Deacon/Speaker	
Phone Add	iress
Email Web	osite
*From what Diocese/Religious Institution/Empl	oyment
*Contact Person (Diocese, Religious Superior, e	etc)
*Address	
	Email
*Required Information (No approval process w	ill begin without this!)
Please attach any other pertinent information.	
(Diocesan Use Only) – Date and Initial	
	Date received
Director of Catechesis Approved	
Chancery Approved	Parish/Inst Notified (date)