

EVENT/ACTIVITY REGISTRATION

SUBMIT TO THE PARISH ADMINISTRATOR IN ADVANCE OF PUBLICIZING THE EVENT/ACTIVITY

REQUEST FOR: Registration only Advertise in publications Reserve a St. Nick's space

NAME OF EVENT: _____

DATE(S) OF THE EVENT: _____

TIME AND DURATION OF EVENT: _____

PURPOSE/ACTIVITY/INSTRUCTIONS/COST/TEXT: _____

WHO IS INVITED: _____

CONTACT PERSON: _____

CONTACT INFORMATION: _____

LOCATION INFORMATION/REQUEST:

(Office, Nursery, Great Room, Kitchen, Lawn, Memorial Garden or if Off-site LIST LOCATION, ADDRESS & contact # for day of event)

ATTACH A COPY OF ALL FORMS REQUIRED OR TO BE USED IN CONNECTION WITH THIS EVENT

REQUESTED BY: _____

FOR OFFICE USE ONLY

REQUEST PROCESSED BY: _____

DATE OF RESPONSE: _____

RESERVED/PUBLISHED: AS REQUESTED AS AMENDED

CHANGES:
