

2009 - 2010 Offsite Event Form

ST. JAMES THE APOSTLE PARISH | 480 S. PARK BLVD | GLEN ELLYN, IL 60137

FOR OFFICE USE ONLY:

DATE SUBMITTED _____

DATE COMPLETED _____ BY _____

This form is used to notify the Parish Office of events or activities that are scheduled at an offsite location, but are to be printed on the parish calendar. All fundraising activities must first be approved by the Parish Council according to the Parish Fundraising Policies and will not be scheduled without prior approval.

Organization: _____ Event Name: _____

Date(s) Requested for Event: _____

Event Start Time: _____ AM PM Event End Time: _____ AM PM

Offsite Location of Event: _____

Purpose for Event/Activities Anticipated: _____

To help us facilitate better planning for the overall calendaring process on the day of your event, please indicate what age group your event is targeted to (circle all that are appropriate):

pre-k gr k-5 gr 6-8 gr 9-12 college young adult
adult seniors families all other: _____

Approximately how many people will be in attendance? _____

Will tickets be sold as part of this event? ___Yes ___No (If yes, please complete a **Fundraising Approval Request Form** and an additional **Facility Usage Form** requesting the Church Narthex for ticket sales after all weekend Masses for a maximum of two (2) weekends.)

If Any Parish Facilities Are Needed for Pick up/Drop off, please indicate which ones:

Facility Requested: _____ MC Parking Lot _____ Church Parking Lot
_____ St. James Hall 1 _____ St. James Hall 2 _____ St. James Hall 3 _____ St. James Hall Kitchen
_____ Church Narthex _____ Church Coat Room
_____ Other: _____

Will tickets be sold as part of this event? ___Yes*___ No *If yes, please complete a **Fundraising Approval Request Form** and an additional **Facility Usage Form** requesting the **Church Narthex** for ticket sales after all weekend Masses for a maximum of two (2) weekends.

Name: _____

E-mail: _____

Daytime Phone: _____