



### Event Request Form

Saint Elizabeth Ann Seton Mission Statement

*That all be gathered into the family of God by teaching the truth of the Gospel and relying on the love, forgiveness, and healing of Jesus Christ.*

**EVENT FORM DUE 30 DAYS PRIOR TO THE EVENT.  
AN AGREEMENT WILL BE PROVIDED IF EVENT IS APPROVED.**

Name of Event: \_\_\_\_\_

Date/s requested (Include set up information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start/End Time of event: \_\_\_\_\_

Advance Set up/Clean up Time: \_\_\_\_\_

Number of attendee's expected \_\_\_\_\_

What is the purpose of your request for use of the building?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your event fit into the mission statement of St. Elizabeth's? What is the significant **Catholic** component of your event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Information:**

**Main Contact for event:** \_\_\_\_\_

**Ministry/Group (if applicable):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Specifically, what areas/rooms will you need?

- Main Church       Room 104       Room 207/208
- Narthex       Room 107       Room 211/212
- Seton Hall       Room 128 (COGS Atrium)       Room 213
- MS Youth Room       Room 129 (COGS Atrium)       Room 214
- Nursery       Room 133/134 (HS Youth Room)       Basement Chapel
- Bridal Room       Room 135 (Preschool Room)
- Kitchen       Room 136 (Music Room)
- Caterer's Closet

What additional needs do you have? (Audio/visual, seating arrangements, liturgical needs, etc.)

**Please note that all liturgical needs (mass, confession, adoration) require approval from the pastor.**

- Microphone     Laptop     Projector/TV     Podium     Nursery Sitters

Mass Date/Time :

Eucharistic Adoration Date/Time:

Confession Date/Time:

Other (Please designate other times of chapel use and the specific reason)

**Please submit form to Vanessa Schibler in the Parish office or email to [vschibler@seas-parish.org](mailto:vschibler@seas-parish.org). Please allow 10 days for a response back whether your request has been approved, denied, or more information is required.**

*For Office Use:*

Submission date \_\_\_\_\_ Approval date \_\_\_\_\_ Approved by \_\_\_\_\_

*Special Instructions:*

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