



**National Votive Shrine of Our Lady of Prompt Succor**

2701 State Street • New Orleans, Louisiana 70118

**REQUEST TO SCHEDULE EXTRA ORDINARY CELEBRATIONS & EVENTS\***

Type of Activity \_\_\_\_\_ With Mass? \_\_\_\_\_

Day and Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_ Time Allotted: \_\_\_\_ (hrs.)

Name of Group (or Individual): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Total Number of Guests Expected: \_\_\_\_\_ If a Mass, approximate number of those receiving the Eucharist \_\_\_\_\_

Does anyone in the group have special needs (parking, ramp, etc.)? \_\_\_\_\_

Will this be an annual or bi-annual event? Yes \_\_\_\_ No \_\_\_\_

Name of Presenter or Mass Celebrant (if Mass is requested): \_\_\_\_\_

Parish Ministry: \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**(A priest who lives and ministers outside of the Archdiocese of New Orleans must attach a "Letter of Suitability" that he would obtain from the Bishop in his own Diocese.)**

*The Ursuline Sisters respectfully request that a donation be made by attendees to help cover the operational expenses for these kinds of special activities. Your donation to the National Votive Shrine of Our Lady of Prompt Succor is sincerely appreciated and enables the Sisters to continue to offer these services to the faithful.*

\*Refers to Novenas, Missions, Retreats, Days of Recollection, Benedictions, Concerts, Special Masses and Events, etc.

For more information, or to make a request, please contact:

**The National Votive Shrine of Our Lady of Prompt Succor**

**Request for Extra Ordinary Celebrations & Events**

2734 Nashville Avenue

New Orleans, Louisiana 70115

504.473.6750 • 504.975.9627 • [shrineolps@gmail.com](mailto:shrineolps@gmail.com) • [www.shrineofourladyofpromptsuccor.com](http://www.shrineofourladyofpromptsuccor.com)

*When this form is returned, the coordinator will call you to confirm the requested date and time.*  
**Request for Extra Ordinary Activities**

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For Office Use Only:

Today's Date: \_\_\_\_\_ Request Taken By: \_\_\_\_\_

Name of OLPS Staff Member making request:

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Name of OLPS Staff Member who will be present to supervise during the event:

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Special Notes/Comments:

If the Shrine is responsible for compensating the celebrant, please fill out the following:

Fee required by Celebrant or Presenter: \$ \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

**SUGGESTED FORMAT FOR SPECIAL EVENT MASS**

**IF THERE WILL BE MUSIC:**

**OPENING or PROCESSIONAL MUSIC:** \_\_\_\_\_

**Cantor:** \_\_\_\_\_ **Musician/ Organist/Pianist:** \_\_\_\_\_

(The Sacristan will inform the Presider of which parts of the Mass will be sung.)

**LITURGY of the WORD**

**READING #1:** \_\_\_\_\_ **Reader #1:** \_\_\_\_\_

**RESPONSORIAL PSALM:** \_\_\_\_\_ **Read or Sung by** \_\_\_\_\_

**READING #2:** \_\_\_\_\_ **Reader #2:** \_\_\_\_\_

**GOSPEL ACCLAMATION**

**GOSPEL**

**HOMILY**

**PRAYER of the FAITHFUL** Read by \_\_\_\_\_

\_\_\_\_\_

**LITURGY of the EUCHARIST**

**OFFERTORY MUSIC:** \_\_\_\_\_

**PRESENTATION of the GIFTS** by \_\_\_\_\_

\_\_\_\_\_

**SANCTUS**

**MEMORIAL ACCLAMATION**

**DOXOLOGY and AMEN**

**COMMUNION RITE**

**THE LORD'S PRAYER**

**SIGN of PEACE**

**AGNUS DEI**

**COMMUNION**

**COMMUNION MUSIC:** \_\_\_\_\_

**COMMUNION MEDITATION MUSIC:** \_\_\_\_\_

**FINAL BLESSING**

**RECESSIONAL MUSIC:** \_\_\_\_\_

**SPECIAL NOTES:**

\_\_\_\_\_

\_\_\_\_\_

