

# ST. PIUS X CATHOLIC CHURCH

## SPEAKER REQUEST FORM

*(Please Print)*

Today's Date:        /        /	Your Name:
Your Most Convenient Phone Number:	
Your Email Address:	
Name of Parish Organization/Group:	
Your Role in Organization/Group:	

Date of Proposed Event:        /        /	Time of Proposed Event:        AM / PM
Location of Proposed Event on SPX Campus: <i>(i.e., Church, Parish Family Center, School Gymnasium, etc.)</i>	
Name of Proposed Event:	
Nature/Purpose of Your Proposed Event:	

Name of Proposed Speaker/Presenter:	
His / Her Contact Information - <i>(provide at least two)</i>	<input type="checkbox"/> Phone:
	<input type="checkbox"/> Email:
	<input type="checkbox"/> Address:

<b>FOR OFFICE RECORDS</b>	<input type="checkbox"/> Approved by: _____ <i>(pastor)</i>
<input type="checkbox"/> Date Request Received:        /        /	<input type="checkbox"/> Date of Approval:        /        /
<input type="checkbox"/> Speaker/Presenter Reviewed	<input type="checkbox"/> Copy of Approval Provided to Requesting Party
<input type="checkbox"/> Speaker/Presenter Approved	<input type="checkbox"/> Copy of Approval Filed in Parish Office