



St. Peter the Apostle Catholic Church

12747 Interlaken Rd.

Trinity, FL 34655

727-264-8968

www.StPeterTrintiyFl.org

1. Event (theme / title) _____

- a. Goal - Describe goal of the event (ie., fundraiser, fellowship, outreach, social, etc.)

- b. Scope – Describe the target attendees and size of the event

- c. Sponsor – will the event be sponsored by a parish group? Requesting Parish Events Committee solely sponsor the project?

(NOTE: The Parish Events Committee retains governance of all Parish Events (as directed by the Parish Council). Sponsorship of an event will continue to defer to Parish Events Committee for calendar and room requests. Additional governance may be required at the discretion of the STPA PEC)

2. Event Proposed Total Budget

Outline initial budget expectations (proposed expenses – include if any money will be charged for tickets, etc. which may offset expenses. Please attach separate detailed expense / budget.

3. Event Marketing Plan (Detail if bulletin or other marketing will be required)

4. Event Set Up, Cleaning, Tear Down

Who will assist with each:

- a. Set up
- b. Cleaning
- c. Tear down

Submitted by _____ Date _____

Email: _____ Phone _____

5. Event Activities

Detail activities and supplies needed / provided

6. Food / Refreshments

Will food / refreshments be requested?

Who will provide?

Provide detail for any food / refreshments

Will there be any requests to 'charge' for food / refreshments?

7. Event Decorating

Detail if any decorations will be requested, supplied, etc.

Routing – Recd by _____ Date _____
Facility Use Form Completed: _____
Pastoral approval _____ Date _____

Committee approval _____ Date _____
Scheduled _____ Date _____