





**Number of people expected?** (Approximately how many) \_\_\_\_\_

**Will food be provided? Yes or No**

**If yes how?**

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**Name of Event Coordinator:** \_\_\_\_\_

- **Telephone Number:** \_\_\_\_\_

- **Email Address:** \_\_\_\_\_

**Preferred method of contact, circle one:** Email or Telephone or Text Message

**Note:** Insurance is required for non-parish sponsored events.

**Date(s) of Insurance Requirement**

**if applicable:**

**Title of Event:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

**Time(s):** \_\_\_\_\_

**Set-Up Date(s) & Time(s):** \_\_\_\_\_

**Equipment and Set Task List- Please “check” all that apply:**

Audio - Microphones (wireless or corded), music stands, microphone stands, speakers, etc.

Visual (projector, electronic device, cameras, WiFi or mobile data (for live stream), lights, screen, etc)

Stage

Number of Tables

Number of Chairs

Access to building if the event is indoors

**Other set up needs please list here:**

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Are there any Special Liturgical Requests (Adoration of the Blessed Sacrament, Mass, etc.)?

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**Where would you like the event to be held? Please “check” one or more of the following location for the proposed event:**

Church (Seating Capacity 1,800)

St. Sylvester (Monastery) Front Lawn

Chapel (Seating Capacity 100)

St. Sylvester (Monastery) Courtyard

Monastery

Apple orchard (located between the monastery and school)

Parish Evangelization Center  
(Convent)

Baseball Fields

Church Patio (in front of church off  
Outer Drive)

Parking Lot

Do you want the parish to promote the event? Yes or no

If yes, how?

Please indicate who will be responsible for each of the below options

Website	Weekly email update
Facebook	Family of Parishes
Bulletin	Vicariate
Announcements after Mass	AOD Communications Team
Flyers/Push Cards	Outreach to Neighborhood

**Note:** Any questions related to insurance, payment for facility use, or security, please contact Elizabeth Bey at **(313) 531-0140** or Email: [elizabeth.bey@scholastica.church](mailto:elizabeth.bey@scholastica.church)

**For Office Use Only:**

**Approved:** Y/N

**By:**

**Date:**

**Fee:**

**Deposit:**

**Date Deposit Paid:**

**Check #:**

**Certificate of Insurance Date Received:**