

St. Mary – Wayne Calendar Scheduling Form

*Use this form to request an event be added to the parish master calendar.
If there is a conflict of date or arrangements, you will be contacted via email.*

Today's Date: _____

Sponsoring Commission/ Committee: _____

Event: _____

Event date(s): *Choice #1 _____ *Choice #2 _____ Choice #3 _____

****YOU MUST GIVE AT LEAST TWO (2) ALTERNATIVE DATES****

Is it a Fundraiser Yes _____ No _____ Anticipated Fee Charge Yes _____ No _____

If yes, anticipated use of funds raised _____

Day of the week (circle): S M T W T F S

Room(s) needed beginning: _____ until: _____

*Allow time for set-up and take-down

Actual Event times: Beginning _____ Ending _____

Facilities needed: _____

of anticipated Attendees: _____ Date to pick up key(s) _____

Person(s) in charge: _____

Phone: home _____ cell _____

Email: _____

Fr./Dcn. presence required: Yes No Why: _____

Is this a recurring event: Yes No

How often scheduling required: _____

Office Use Only:	Date form received: _____
Date and space requested is available: Yes No	
Approved: _____ Yes No	
Event placed on Master Calendar by: _____	Date: ____/____/____
Comments: _____	
	Date emailed: _____