

Office Use Only:		
Date Received	___/___/___	Approved _____ Not Approved _____
Date Event Entered	___/___/___	

One Time Event Request Form

Please fill out this form with your request for an event during the coming year. It is important that you fill out this information exactly.

Date of Event: ___/___/___ Event Name _____

Organization _____

Organization Head _____

Phone/E-mail _____

Event Chairperson: _____

Phone (_____) _____ - _____ E-mail _____

What is the purpose of the event? _____

Who will benefit? _____

Facility(ies) Requested: _____

What date(s) do you require? _____

Estimated Attendance: _____

What time do you need? Event Begins: _____ (am)(pm) Ending: _____ (am)(pm)
Setup: _____ (minutes) Cleanup: _____ (minutes)

Please provide a brief description of the event:

List the needs for the event: i.e.: AV Equipment, chairs and tables, etc.:

How will you solicit for donations?

Please return this form to the attention of Marianne Houston in the Parish Offices.
You will be notified whether your event is possible.

Mother of Divine Providence (610) 265-4178
Attn: Marianne Houston
333 Allendale Rd King of Prussia, PA 19406