

TRINITY & ST. PHILIP'S CATHEDRAL

EVENT REQUEST FORM

This form must be used for all events requested (Weddings, Funerals, Hall usage, Meeting Rooms and Cathedral)

DATE OF REQUEST: From To

REQUESTOR'S NAME:

REQUESTOR'S EMAIL ADDRESS:

REQUESTOR'S HOME ADDRESS:

REQUESTOR'S PHONE #:

CHURCH ORGANIZATION:

EVENT NAME:

REQUESTED DATE: Requested Time:

DESCRIPTION OF EVENT:

EVENT TYPE: Wedding Funeral Church Service Other

LOCATION:

COST PER PERSON \$

NOTE: Please check off the resources you need from the below list.

Resource	Check all needed
CHURCH	<input type="checkbox"/>
CLERGY	<input type="checkbox"/>
ORGANIST	<input type="checkbox"/>
ORGANIST REHERSAL	<input type="checkbox"/>
SEXTON	<input type="checkbox"/>
SECURITY (per hour unarmed)	<input type="checkbox"/>
AUDITORIUM	<input type="checkbox"/>
TRINITY ROOM	<input type="checkbox"/>
Event Programs	<input type="checkbox"/>

Requestor's Signature: _____

Approver's Signature: _____