

Holy Trinity Catholic Church
Event Request Form

Event: _____

Date Request Submitted: ____/____/____

Group/Ministry: _____

Contact Name: _____

Primary Phone # : (____) _____ - _____

Alternate Phone #: (____) _____ - _____

Email: _____

Desired Date(s) From: ____/____/____ To: ____/____/____ Day of Week: _____

Event Start Time (including setup time): ____ : ____ AM PM

Event End Time (including clean up time): ____ : ____ AM PM

Estimated Number Attending: _____

Will Event Need any of the following:

Desired Location/Room(s): _____

Kitchen Access? Yes No

of Room(s) Requested: _____

Nursery? Yes No

of Table(s): _____

Sound Technician? Yes No

of Chair(s): _____

Lighting? Yes No

Add to Monthly Calendar? Yes No

Special Equipment? (TV, projector, DVD player, sound system, etc?):

Special Requests/ Additional Comments:

Please print this form & return to Deacon Ray Gonzales in the Banquet Hall
Fax #: (210) 497-4285 or Email: deaconray@holytrinitysat.org