



Event Proposal

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Date: _____

Please forward this completed proposal to Laura Van Ham, Ministries Coordinator, for review by Father Pat and staff. Following staff consideration, this proposal may also be reviewed by the Parish Pastoral Council. You will be notified of the results. For more information, contact Laura at lvanham@smip.org or 815-436-2651, x 887.

Event Name: _____

Event Description (Please continue on back, if needed): _____

❖ Who would be invited to participate/attend? _____

❖ Is there a cost to attend? Yes No
○ If yes, what is the cost? _____
○ What is provided to an attendee for the cost? _____

❖ Would tickets be sold ahead of time or at the door? _____

❖ Budget Required for Event: _____

❖ Is a special set up required beyond tables and chairs? Yes No
○ If yes, please describe (Work Order would be completed after approval): _____

❖ Proposed Date/s: _____

Start Time: _____ End Time: _____

Set-Up Start Time: _____ Clean-Up End Time: _____

❖ Estimated # of attendees: _____

❖ Proposed Parish Room/Resource: _____



Event Proposal

Event Name: _____

❖ Is food being served? Yes No

○ If yes, cooked on site or catered? _____

○ If catered, name of company: _____

○ Name of Attending Certified Kitchen Specialist: _____

Event Description (Use additional space, if needed. Be sure to include the names of any guest speakers or groups involved and topics of presentation, if applicable. You may also add a sheet, if necessary.):

OFFICE USE ONLY

Reviewer's Questions: _____

Staff Review Date: _____ Approved: ___Yes ___No _____
(Reviewer's Initials)

PPC Review Date: _____ Approved: ___Yes ___No _____
(Reviewer's Initials)