

Grace La Gracia Event Planning Form

Event: _____

Hosted by/Organization: _____

Contact Person: _____ Cell: _____ E: _____

2nd Contact Person: _____ Cell: _____ E: _____

Event Date/s: _____ Set-up Hours/Date/s: _____

Event Hours: _____

Number of people expected to attend the event: _____

Rooms to be used: _____

Please Indicate Special Needs (ex. furniture set-up, video streaming, microphone etc.)

Sexton (s) (# of hours): _____

Parking Accommodations: _____

Submitted by: _____

Any Event taking place at Grace Church requires PRIOR Consultation & Approval by the Rector.

Rector: _____ Approved by: _____ Date: _____

Please note that the organization hosting the event must leave the premises in good order.

