

Dean:	Phone:
Email:	Location of Assembly:
City:	ZIP:
Time:	

Projected Number of Participants in Attendance	
Estimated Total Cost of Event	
Contribution from Parishes	
Cost per Participant (If Applicable)	
Total Request from Archdiocese	

Cost per Item (If Applicable)	Total Amount*

\*If Applicable, Multiply Number of Participants by Cost per Item

## Signature:

Pastor/Dean

Date

Made possible thanks to the generosity of the donors of the Archbishop's Appeal



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Amount Approved: \$\_\_\_\_\_