



Holy Family Cathedral

ENCOUNTERING CHRIST, LIVING THE FAITH,
SERVING THOSE IN NEED.

Event Request Form

Date Requested: _____

Start Time: _____ End Time: _____

Setup time: _____ (hrs/min) Teardown: _____ (hrs/min)

Name of Event: _____ Expected Attendance: _____

DOT event Parish / Ministry event School event Parishioner Private event

Facilitator Name: _____ Organization: _____

Email: _____ Phone #: _____

Cathedral Room Requested: Church
 Halpine Auditorium Sacred Heart
 Kitchen

Standard setup; review
attachments

Special set up; add
description below

Requesting space in the school building. Suggested Room: _____

Approved by _____

Special Set-up and Notes:

Presenter's Name: _____ Organization: _____

Request: Microphone AV Presentation Podium Stream Music

Caterer: _____ Contact Name: _____

Email & Phone: _____

Bartender (circle one) Yes / No Insurance received

Live Music Musician / Band Name: _____

Email & Phone Number: _____

Please complete and return to Monica Conro at mconro@tulsacathedral.com.

FOR OFFICE USE ONLY

Entered in ACS Reviewed Rules and Regulations Received Signed Fee Agreement

Scheduled: Communications Event Monitor Music Security Other: _____

Notes: _____

Attachments: _____