St. Vincent de Paul Regional Seminary

Guest Event Request Form

Thank you for your interest in our facilities. Please complete the information below and return it to the seminary, attention Minnie Garcia. All requests will be presented to the Administration Council which meets bi-weekly during the academic year. The Council does not meet over breaks (Summer or Winter), so submittals received during that time will be reviewed during the first meetings upon our return. Please understand that the priority is to our mission of the education and formation of seminarians. Our limited resources must first be utilized for the students before committing them to other endeavors.

Submitted By: _____ **Phone # :** _____

Institution/Group: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone # :** _____

Email: _____ **Cell # :** _____

Event Date: **1st. Choice** _____ **Fax # :** _____

List alternate date(s) **2nd. Choice** _____

Please, only one event per form. **3rd. Choice** _____ **Number of Participants:** _____

Cross out selections (X)

Facilities Needed:

- ____ Class Room(s)
- ____ Auditorium
- ____ Refectory
- ____ St. Vincent's Chapel
- ____ St. Mary's Chapel
- ____ Pool/Deck

Over Night Guest Rooms:

- ____ Number of Females
- ____ Number of Males
- ____ Total Rooms

Dates:

From:	To:

Note: If you request use of the pool, you must furnish proof of liability insurance and the name of the person who is certified to provide "Life Guard" duties. Pool Hours- Dawn to Dusk.

Equipment Needed:

- ____ Overhead Projector
- ____ TV/VCR/DVD
- ____ Projector
- ____ Computer
- ____ Other _____ (Please Specify)

Support Needed:

- ____ Tour Guide
- ____ Retreat Director/Speaker *
- ____ Mass/Celebrant *

* The seminary doesn't usually provide these. Please add your needs to the comment section below.

Person(s) Responsible for set up: _____

Person(s) Responsible for clean up: _____

Comments: _____

Seminary Approval: _____ Date: _____

Seminary Fax (561)-737-2205

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