

Incoming Speaker Request

Diocese of Lafayette-in-Indiana

Summary

Speaker: _____ Date of Event: _____

Event: _____

Parish / Location: _____ Today's Date: _____

Letter of Good Standing, (LGS,) will be requested by: Speaker Event Coordinator Bishop's Office

OFFICE USE ONLY.

Letter GS: Requested Received Reaffirmed Protocol Proofs: Background Check Training N/A

Event Approved by: _____

Date: _____

Event Coordinator

Parish/Office: _____ Phone: _____

Coordinator: _____ Email: _____

Event Approval (Priest/Supervisor): _____ (Signature) _____ (Date)

Speaker Catholic

Name of Speaker: _____ Phone: _____

Affiliation / Employer: _____

Address: _____

Email: _____

Credentials/Background: _____

Name of Reference: _____ Phone: _____

Affiliation (Diocese/Parish, Religious Order, Organization): _____

Connection to Speaker (Bishop/Pastor, Superior, Supervisor): _____

Address: _____

Email: _____

Incoming Speaker Request

Diocese of Lafayette-in-Indiana

Event

Date of Event: _____ Event Title: _____

Topic Summary: _____

Mark all that apply:

Audience: Children under 12 Teens 13-17 Young Adults Adults Families

Price of Admission/Donation/Offertory: _____ Extra Collection during Event? Yes No

Proceeds go to what organization? _____

Event Location

Event Location: _____

Address: _____

Registration Contact: _____ Phone: _____

Name and signature of Priest required IF event is taking place in a location other than the coordinating Priest's parish.

Pastor of Location: _____
(Signature) (Date)

Liturgy

Will Mass be celebrated during this Event? Yes No

Celebrant: _____ Affiliation: _____

Concelebrant: _____ Affiliation: _____

Concelebrant: _____ Affiliation: _____

Confessions Offered? Yes No

Names of Priests hearing Confessions: _____

Other Liturgical Celebrations? Yes No

Please explain: _____

Names of Priests: _____

Signature of Coordinator: _____ Date: _____