

St. John the Evangelist R. C. Church

25 Ocean Avenue • Center Moriches, New York 11934

631-878-0009

Fax 631-874-2466

www.sjecm.org



REQUEST FOR ACTIVITY TO TAKE PLACE AT MASS OR OUTSIDE CHURCH AFTER MASS

Ministry/Organization: _____

Name of Contact Person: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: (_____) _____

Type of Activity (circle or highlight one): During Mass Outside Church after Mass

Date(s) Requested: _____

Circle EACH Mass at/after which you would like to Activity to occur, or circle ALL MASSES if you are requesting ALL Masses on a weekend:

5:00 p.m. Saturday 7:30 p.m. Saturday 7:30 a.m. Sunday 9:00 a.m. Sunday

10:30 a.m. Sunday 12:00 p.m. Sunday 5:30 p.m. Sunday

Describe the Activity (*e.g.*, blessing of a particular group; selling raffles and naming the cause it is benefitting; speaking after Communion and naming the reason.....)

Note that no activity is to be considered as definite until approval is received. Please be sure all contact information is complete and accurate so we may contact you.

Office Use Only: Date Received: _____ Date Notification Made: _____