

WORKSHOP REQUEST FORM – "CALLED TO SERVE"

Sponsoring Vicariate/
Parish(es)/School(s) _____

City _____ Vicariate _____

Open to / Closed _____ Total # Workshops You want to Schedule _____

CTS Coordinator _____ Position _____

E-Mail _____ Coordinator Phone _____

Does Coordinator have current Scheduling & Host Guide? ___ Yes ___ No Reviewed? ___ Yes ___ No

Site & room workshop will be held _____ Wheelchair accessible? ___ Yes ___ No

WORKSHOP 1

Workshop Date _____ Day of Week _____

Workshop Time _____ to _____ Estimated Participants _____

WORKSHOP 2

Workshop Date _____ Day of Week _____

Workshop Time _____ to _____ Estimated Participants _____

WORKSHOP 3

Workshop Date _____ Day of Week _____

Workshop Time _____ to _____ Estimated Participants _____

FAX WORKSHOP REQUEST TO 313.596.7197

OFFICE FOR SAFE ENVIRONMENTS USE ONLY

_____ Workshop/Facilitator Schedule _____ IT Notified _____ Materials Ordered