



DIOCESE OF GAYLORD
REQUEST FORM FOR BISHOP TO ATTEND EVENT

TODAY'S DATE: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

LENGTH OF TIME REQUESTED OF BISHOP: _____

LOCATION/ADDRESS OF EVENT: _____

PERSON MAKING REQUEST: _____

CONTACT PERSON: _____

PHONE & EMAIL OF CONTACT: _____

OTHERS INCLUDED IN EVENT: _____

REASON FOR EVENT: _____

BISHOP'S ROLE: _____
