DIOCESE OF SAN BERNARDINO EPISCOPAL CALENDAR REQUEST

For office was					
For office use					

Requesting parish, school, organization:				
Event:	Event date:			
Location:	Event start time:			
Description of event:	Event end time:	_,_,_		
If the requested event is to be held at a Approved: Pastor / Admini	parish, the approval of the istrator / Pastoral Coo	-	nistrator, or pastoral coord	linator is required:
Has the Emergency Operations C approved the event safety and se		☐ Yes	EOC Phone: (909) 475-5441	
Contact person:				
Address:		Email:		
City:	State:	Zip:	Phone: ()	
Bishop is requested to do the following Mass Homily Lunch Dinner Blessing before meals	owing: Presentation of Attendance only Other:		☐ Mass time:☐ Invocation*☐ Brief remarks*	Bishop's start time:
Blessing of:			☐ Keynote addres	s*
*For these items, please complete Theme or topic of event:	e this section:			
Expected length of talk: Audience (teens, religious, retired, etc.): Additional information:		Group size:	glish	h

Completing and returning this form is <u>not</u> a confirmation that Bishop is available and has calendared this event. A letter from the Office of the Bishop will be sent to confirm the availability of our Bishop or his delegate.

This form may be faxed to **(909) 474-4902** or emailed to **rherbst@sbdiocese.org**.

For Masses, once confirmed, an Episcopal Liturgy Planning form must also be completed.

Contact for external events:

Rich Herbst, Episcopal Master of Ceremonies and Special Assistant to the Bishop 1201 E. Highland Avenue, San Bernardino, CA 92404