

CATHOLIC DIOCESE OF SIOUX FALLS ~ OFFICE OF THE BISHOP

REQUEST FOR BISHOP'S PRESENCE

Please complete and return this form to Melinda North
Email: mnorth@sfcatholic.org Fax: (605) 334-2092

523 N. Duluth Ave, Sioux Falls, SD 57104
Phone: (605) 988-3798

PLEASE TYPE OR PRINT

- We request: Bishop DeGrood Archbishop Gullickson Whoever is available
- Type and Description of Event _____
- What is the event commemorating? _____
- Where will event be held? (name/address) _____
- Date of Event: _____ Time of Event: _____
- Who are the invited guests? _____
- What is the expected attendance? _____
- Contact information: Parish / Organization Affiliation _____
Name & Title _____ Phone _____
Email _____ City _____

If not a liturgy:

- Is the Bishop being asked to make public remarks? _____ Time allotted for Bishop: _____
- What would the Bishop's role be (prayer, address, attend)? _____
- Note any other invited dignitaries: _____
- Day of Event Primary Contact Name: _____ Phone number: _____
- Special instructions, directions, parking info or other pertinent information

- Activities in conjunction with the Event
 Reception Meal Pictures Other (please describe) _____

Pastor or Organization's Leader (Printed Name)

Signature

Date