



***DIOCESE OF VENICE IN FLORIDA***

***GUEST SPEAKER REQUEST***

**Please submit the following information to the Diocese of Venice at least one month prior to a scheduled event. Speaker should not be formally invited until approval is granted. Please print clearly.**

**Section I - Requesting Pastor / Administrator / Principal:**

Name: \_\_\_\_\_

Parish / Entity: \_\_\_\_\_

**Section II - Event**

Event Date(s): \_\_\_\_\_

Event Description: \_\_\_\_\_

Location: \_\_\_\_\_

Topic / Theme: \_\_\_\_\_

**Section III - Speaker**

Name / Title: \_\_\_\_\_

Layman or Laywoman (Y/N) \_\_\_\_ (If yes, please provide two references below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Priest or Religious (Y/N) \_\_\_\_ (If yes, please provide the following)

Diocese of Incardination or Current Assignment: \_\_\_\_\_

Name of (Arch)Bishop or Superior: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature of Pastor /Administrator: \_\_\_\_\_

**Please FAX completed form to Chancellor's Office at 941-488-2561 at least three weeks prior to the event.**

<p><i>For Internal Use Only:</i> Date Received _____ Approval _____</p>
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