



## Diocesan Master Calendar Submission Form SMCC Departments

Name of Event: \_\_\_\_\_

Place and  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Specify if Bishop Persico is involved: \_\_\_\_\_

Brief description of Event:

---

---

---

---

---

---

---

---

---

---

---

Contact name and number for further information:

---

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Please return to Maria Caulfield by interoffice mail when complete.