

Group, Association or Movement Information - Appendix 1104A

Official Title / Name

Website

Mission Statement

Status

Does your association have statutes?

Yes No If Yes, ensure the Office of the Archbishop has a copy

Category of association

- De facto Association
- Association of Faithful Private
- Association of Faithful Public
- Other _____

Your association is Diocesan Pontifical Other

Charism

- Advocacy and Promotion
- Education and Formation
- Outreach
- Prayer and Spirituality
- Other _____

Charitable Status

Yes No If Yes, ensure the Office of the Archbishop has a copy

Contact Information

Title: _____
Position: _____
First Name: _____
Last Name: _____
Address: _____

City: _____
Province, PC: _____
Email: _____
Phone daytime: _____
evening: _____
mobile: _____

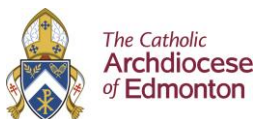
Proposed Event/Program

Activities/Responsibilities

Certificate of Insurance

YES If Yes, ensure the Office of the Archbishop has a copy
 NO If No, refer to Policy No. 233 Facility Usage & related Appendices

Working Environments



Risk Management Strategies

References

Comments

(Parish connection, Spiritual director, etc.)

Signature of Local Contact Person

Day / Month / Year

Signature of Pastor or Other Designate Supervisor

Day / Month / Year