

Adult Faith Formation Program Proposal

Workshop title:

Facilitated/Coordinated by:

Contact information: _____
(email) (phone)

Presenter (If different from facilitator):

Contact information: _____
(email) (phone)

Brief Description of Program (Please include topic, time frame (e.g. one evening session or multiple sessions), etc...). Attach an additional page if needed:

Who is the intended audience?

- Current parishioners
- Inactive Catholics
- Community members
- Other _____

Approval by Parish Staff: _____

Requested Date of Event- 1st Choice: _____ 2nd Choice: _____

Expected Funding Needed: \$ _____

Location/Room needed: _____

Announcements due by: _____

Will this be incorporated into the Homily?

Will this be announced at the end of Mass? If so, by whom? At all Masses?

Proposals must be approved by parish staff member. Please contact Dawn Sample, Pastoral Assistant for Faith Formation if you have any questions and to begin the submission process:

dawn.sample@sttheresafw.org and (253)838-5924 ext 304.