



NATIONAL SHRINE OF
OUR LADY of LA LECHE
 AT MISSION NOMBRE DE DIOS
 DIOCESE OF ST. AUGUSTINE

EVENT FORM

(PLEASE FILL IN OR CIRCLE ALL THAT APPLY)

CONTACT INFORMATION

Name: _____
 Phone #: _____
 E-Mail: _____

TODAY'S DATE

Date/Time of Event: _____
 Type of Event: _____
 Event Topic: _____

GROUP INFORMATION

Group Name: _____
 Address: _____
 City/State/Zip: _____

Diocese: _____
 School/Grade: _____
 Tour Company: _____
 Approx., Number in Group: _____
 Please Circle one: Adults / Seniors / Children

TOUR INFORMATION

Need a Guided Tour: Yes / No
 Touring: Mission / Shrine / Museum / All
 Tour Guide Assigned: _____

MASS/ROSARY/OTHER DEVOTION

Attending Noon Mass: Yes / No
 Touring: Mission / Shrine / Museum / All
 Tour Guide Assigned: _____

Alternate Mass Time Requested: _____
(Must be Approved) Date Approved: _____
 Priest Needed: Yes / No Mass Kit Needed: Yes / No
 Name of Priest: _____
 Letter of Good Standing of File: Yes / No
 Sacristan Needed: Yes / No Sacristan Assigned: _____
 Historic Chapel Requested: Yes / No *(Only Seats 35 People)*
 Rustic Altar Requested: Yes / No

Backup Location in case of inclement weather:
 New Church / Historic Chapel



NATIONAL SHRINE OF
OUR LADY of LA LECHE
 AT MISSION NOMBRE DE DIOS
 DIOCESE OF ST. AUGUSTINE

PILGRIM CENTER & PAVILLION

Father Lopez Meeting Room Requested: Yes / No

Hours of Reservation: Full Day \$350 (9am to 5pm) / Half Day \$250 (9am to 1pm)

** A \$100 NON-REFUNDABLE DEPOSIT IS DUE AT THE TIME OF RESERVATION TO HOLD THE DATE OF YOUR EVENT. THIS DEPOSIT GOES TOWARDS THE OVERALL COST OF USING THE MEETING ROOM.**

Room Arrangement: Banquet / Lecture / Seats Only

AV Requirements: Projector / Microphone / Speakers

Additional: Tablecloths \$25 Service Fee (you may provide your own tablecloths at no charge)

FOOD & BEVERAGE

** PLEASE NOTE WE DO NOT PROVIDE FOOD OR BEVERAGES **

Are you bringing in a Caterer: Yes / No

If yes, where will you be setting up?: Bar Area / Meeting Room

Do you require Coffee Service? Yes / No (Complimentary)

Pavilion Tables Required: Yes / No

Notes: _____

CANCELLATION INFORMATION

Date Cancelled: _____

Cancelled by: _____

Reason for Cancellation: _____
