



Holy Name Catholic Church

3814 NASH BLVD. SAN ANTONIO TX 78223. PHONE: (210)-333-5020

Request Form from Ministries

Date _____

All request must be submitted at least two (2) weeks in advance. Request will be on a first come first serve base and will be notified via email. Thank you for your cooperation.

Ministry/Organization: _____

Person in Charge: _____

Phone #: _____ Email: _____

Request to:

Pulpit Talk

Date (s) Requested _____ Time(s): _____
Day of week & date

Reason: _____

Please be mindful of time allowed

Fundraise (Please check location to be requested)

- Church
- Awning (by the school)
- Activity Center Foyer (Coordinated through Yvonne Rodriguez (210) 823-8688)

Date (s) Requested: _____ Time(s): _____
Day of week & date

Reason: _____

Reserve Room for Meeting

- Church
- Virgin de Guadalupe Room
- St. John Paul Room
- Religious Ed. Conference Room
- School Classroom (*Director of Ministries will work with Principal on coordinating request*)

Activity Center Request must be requested and coordinated through Yvonne Rodriguez (210) 823-8688.

Date (s) Requested: _____
Day of week & date (If more room is needed please use back)

Reason: _____

