

WORKSHOP REQUEST FORM – PROTECTING GOD’S CHILDREN

Parish/School/Agency _____

City _____ County _____ Vicariate _____ Region _____

Pastor _____ Total # Workshops You want to Schedule _____

PGC Coordinator _____ Position _____

E-Mail _____ Coordinator Phone _____

Has Coordinator Received **2009** Implementation Guide? ____ Yes ____ No Reviewed? ____ Yes ____ No

Room where workshop will be held _____ Wheelchair accessible? __ Yes __ No

Can you accommodate up to 100 participants seated at tables? _____ If not, what is maximum? _____

Please list your preferred date(s) and time(s). Workshops can be scheduled to begin anytime between 8:30 a.m. and 6:30 p.m. Plan 3 ½ hours if you’re providing a meal or 3 hours without a meal. All workshops beginning after 5 p.m. must include a meal to accommodate participants arriving directly from work. Request up to three workshops on this form.

WORKSHOP 1

Date Requested _____ Day of Week _____

Workshop Time _____ to _____ Time Meal Served _____ to _____

Alternate Date _____ Alternate Day of Week _____

WORKSHOP 2

Date Requested _____ Day of Week _____

Workshop Time _____ to _____ Time Meal Served _____ to _____

Alternate Date _____ Alternate Day of Week _____

WORKSHOP 3

Date Requested _____ Day of Week _____

Workshop Time _____ to _____ Time Meal Served _____ to _____

Alternate Date _____ Alternate Day of Week _____

Fax your request to Lorraine Lajiness, Office for Safe Environments, (313) 237-5866
You’ll receive confirmation of your workshop(s) within 7 days.

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OFFICE FOR SAFE ENVIRONMENTS USE ONLY

_____ Workshop/Facilitator Schedule _____ IT Notified _____ VIRTUS _____ Vicariate List