## † Presence of the Bishop †

Occasion: _			
Liturgy Date:		Day:	Time:
Parish/Location	on:		
Addre	ss:		
Contact Perso	on: Phone #:	Cell #:	
Email	:		
		vill be helpful to the Bishop in turn this form at least 3 weeks	
General I	nformation:		
□ Offe □ Offe	would you like the Biser welcome at the begin er grace before meals e a talk / lecture	-	
2. Pleas	se describe the audienc	e and estimated number in att	endance?

	this form along with any additional information relevant to the event:  py of any booklet
□ Gre	eeter to meet Bishop
	Name
	cation of Bishop's reserved Parking place
-	
Thank you.	
Please retur	n this form to:
By mail:	Deacon Thomas F. McKenna
	Secretary to the Bishop P.O. Box 7044
	Rockford, IL 61125-7044
	(815) 399-4300
By fax:	(815) 399-4769

By email:

czeman@rockforddiocese.org