



The Diocese of Southeast Florida

POST EVENT PROFILE

Deanery _____

Event Coordinator _____

Event Name _____

Event Date/s _____

Event Location: _____

List of Parishes in Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of Adults Total (Lay Male) _____
Number of Adults Total (Clergy Male) _____
Number of Adults Total (Lay Female) _____
Number of Adults Total (Clergy Female) _____

Number Youth Total (Male) _____
Number Youth Total (Female) _____

Number of times Eucharist was celebrated _____

Other services used:

Was a balanced diet implemented for the entire event? _____

Was a community covenant implemented for the entire event? _____

All medical and release forms were complete and received? _____

(If the answer is "No" to any of the above, please provide a written explanation)

Please provide a brief description of the event:

Comments or Additional Information:

SUBMIT COMPLETED FORMS TO:

Mary Cobiella
Diocese of Southeast Florida
525 NE 15th Street
Miami, Fl 33132
mary@diosef.org