Church of the Assumption, PJ

Proposal Form For Formation/Retreat/Seminar

	T	
1	Name of Parish(es) involved	
2	Ministry (ies) involved	
3	Ministry Head: (a) Name	
	(b) Tel and Email address	
4	Contact Person (a) Name	
	(b) Tel and Email address	
	(6) 141 4114 211411 4441455	
5	Date of application	
	Bute of application	
6	Duration (no of days/weeks)	
0	Duration (no or days/ weeks)	
7	Tangat anaum/Dantiain anta	
/	Target group/Participants	
	Eg. Youths, lectors, BEC etc	
-	N. C. die	
8	No of participants	
_		
9	Live in/Non-Live in	
10	Venue	
11	Organization Name	
12	Support documents of Program etc.	
	Pls attach detail e.g. Objectives,	
	programme etc.	
13	Equipment needed:	
15	LCD Projector	
	PA System	+
	Others:	
	Officis.	

14	Proposed Costing for formation (Pls a	ttached details)		٦
	1. Cost of accommodation per person			
	no of persons.			
	2. Cost of meals/tea break			
	(a) Cost of lunch x no of days x no of p	persons		
	(b) cost of tea break x no of days x no	of persons		
	(C) Cost of dinner x no of days x no of persons			
	(d) Cost of lecture rooms: Cost of no o	of rooms x no of		
	days			
	(E) Cost of transport: St.TC/destination			
	3. (a) Amount of deposit			
	(B) Fee/ Love offering for Resource Pe	erson(S)		
15	Any other cost			
16	Commitment fee to be paid by partici	pant:		
17	Amount of subsidy/Deposit needed fr	om Parish		
18	Total cost			
Submitt	ed for approval of Parish Priest by			
Name _	Signature		Date	
□ Appr	oved/Not Approved	Cash Advand	ce Approved RM	
□ Appr	oved with adjustments made	Deposit Approved RM		
□ Re- submit as discussed		Subsidy by c	hurch approved RM	
Fr. Leon	ard Lexson			
Parish P	riest			
Church	of the Assumption			
Date:				
Total Cost approved: RM		Deposit of RM	to be paid to	
			Name/Account Name	
			Bank Account No.	
Total Ca	sh advance approved RM		Bank Account No.	
	submit to Church of the Assumption Form		1 month after the formation)	
	ipts for deposit paid	`	,	
	ment of Expenditure with receipts			
	ation form			
□ Short	report			
□ Photo	graphs			