



Catholic Diocese of Brownsville

Diocesan Youth Retreat Team

EVENT AGREEMENT

Campus Ministry-Edinburg

Contact Information

Name of Contact: _____

Title: _____ Phone: (____) _____

Name of Parish: _____

Address: _____

Street Address

City

State

ZIP Code

Event Information

What type of event are you requiring? _____

EVENT DATE: _____ Beginning: _____ End: _____

Where will the event be held at? _____

How many participants? _____

The Diocesan Youth Retreat Team is funded by stipends which are given to continue the ministry.

The minimum stipend is \$250. We thank you for your continued support.

Please make all checks payable to: **Catholic Diocese of Brownsville**

Notes:

Event Coordinator Signature

DYRT Coordinator Signature

FOR OFFICE USE ONLY:

Payment type: _____

Payment amount: _____

Date _____

Payment received by: _____