



DIOCESE OF GREENSBURG

723 EAST PITTSBURGH STREET • GREENSBURG, PA 15601-2597
724-837-0901 FAX 724-837-0857

SPEAKER APPROVAL FORM

Diocesan Office/ Parish/ School: _____

Event Contact Person: _____

Phone #: _____ E-mail: _____

Address (if printed response necessary): _____

Please check all that apply:

The person named below is a: Priest Deacon Religious Lay Person

The person is coming into the Diocese: At the request of a Diocesan entity.
 At the request of the speaker.

This person will be working with minors: Yes No

Event Name: _____

Description of Event (examples: retreat, conference, parish mission, etc.): _____

Date of Event: _____ Location of Event: _____

Name of Speaker: _____

Title/ Position of Speaker: _____

Address: _____

Phone #: _____ E-mail: _____

Diocese of Speaker (if known): _____

Religious Institution or Employer of Speaker: _____

Name of Reference of Speaker (Ordinary or Delegate, Religious Superior, Pastor): _____

Please give a brief description of the topics to be presented: _____

Additional Relevant Information: _____

Signature of Pastor or Administrator Hosting Speaker: _____

Printed Name of Pastor or Administrator: _____ Date: _____

For Diocesan Use: FFD Approved _____ SEO Approved _____ VG Approved _____ PA Notified Date: _____