



St. Rose of Lima  
 293 H Street  
 Chula Vista, CA 91910  
 (619) 427-0230  
 www.strosecv.com

## MGO APPLICATION

### APPLICANT INFORMATION

Name of Ministry, Group or Organization (MGO):

Date Started:

Coordinator:

Phone:

Mobile:

Email:

### SECONDARY CONTACT

Name:

Phone:

Mobile:

Email:

### MISSION/VISION

Describe how your groups' mission works with the parish mission: (refer to Church's Mission Statement attached)

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### Frequency of Meeting:

Number of Members:

Average Attendance per meeting:

### CURRENT MEMBERS

Name

Address

Phone

Continue (back page) >>

### MEMBER SIGNATURE

I hereby acknowledge that the use of the facilities will be based on priorities of the Church.

Lead Signature of MGO:

Date:

### FOR OFFICE USE ONLY

**PARISH STEWARDSHIP COUNCIL RECOMMENDATIONS:**     Approve     Not Approve

Explain:

### PASTOR'S SIGNATURE

I hereby approve this MGO's membership with the Church and grant rights and privileges to use church's facilities to conduct their meetings and events.

Pastor Signature:

Date:

**Instructions:** Please return this application to the Parish Office.

