



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

FOR OFFICE USE ONLY:

- Priestly Prophetic
 Kingly

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)		
		Continue (back page) >>
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: <input type="checkbox"/> Approve <input type="checkbox"/> 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.

