

QUINCEAÑERA REQUEST FORM



DATE OF APPLICATION: _____ DATE/TIME OF QUINCEAÑERA: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NAME OF QUINCEAÑERA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____ CELL PHONE #: _____

NAME OF PARENT/GUARDIAN # 1: _____
CELL PHONE #: _____

NAME OF PARENT/GUARDIAN # 2: _____
CELL PHONE #: _____

APPROX ATTENDANCE: _____ HOLY COMMUNION: _____ MUSIC (Optional): _____

DAMAS:

CHAMBERLAINS:

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

4 _____

4 _____

5 _____

5 _____

6 _____

6 _____

PLEDGIN MEMBER (\$350)

NON-PLEDGING MEMBER (\$450)

*Music is optional for the Quinceanera Mass.
Miguel Conniff can provide music at an adicional cost of \$150*

APPROVED / CONFIRMED BY: _____ **DATE:** _____