



Midwestern District Council Auxiliary Council Program Form

Auxiliary Name

Auxiliary Director's Title & Name _____

Auxiliary President's Title & Name _____

Home Phone _____ **Cell** _____

Email Address _____

Auxiliary Sub-Theme (aligned with Council Theme) _____

Auxiliary Scripture (aligned with Council Theme & Scripture) _____

Brief Summary About Session

Speaker's Name Option #1 _____

- **Speaker's Name Option #2** _____

- **Speaker's Name Option #3** _____

Speaker's Bio (Attached) _____

Speaker's Photo (Attached) _____

Speaker's Honorarium Request _____

Flyer (Attached) _____

Special Request/Accommodations (Optional) _____

Next 3 Upcoming Events (Optional) _____

- **Event #1** _____
- **Event #2** _____
- **Event #3** _____

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Thank you, for submitting your Auxiliary Council Program for approval.
When you have completed this form please email it to midwesterndistrictcouncil12stl@gmail.com

MDC Approvals:

Chairman's Signature _____ Date _____

Program Chairman's Signature _____ Date _____

Diocesan's Signature _____ Date _____