## St. James Ministry Event Request

Ministry Name:	
Responsible party: _	Contact Number:
Email:	
	Please list all events you would like to have approved. Submit completed form to busmgr@stjamesapostle.com
Event:	
	Day of week:
Requested space -	Large classroom? (quad) Double room Small classroom? Parish hall? Pavilion? Need to use Kitchen? Will you be using St. James tablecloths?
How often will ever	nt be held? One-time? Recurring?
If recurring,	how often? Weekly? Monthly? Other?
Time of event: From	m until
Will you need to use	e any type of equipment -
Sound box &	& microphone Computer (quad room only)
Television se	creen (Rooms 210, 213 or 214 only)
DVD player	(Rooms 210, 213 or 214 only)
Event:	
	Day of week:
	Large classroom? (quad) Double room Small classroom?
-	Parish hall? Pavilion? Need to use Kitchen?
	Will you be using St. James tablecloths?
How often will ever	nt be held? One-time? Recurring?
	how often? Weekly? Monthly? Other?
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	e any type of equipment -
•	& microphone Computer (quad room only)
	creen (Rooms 210, 213 or 214 only)
	(Rooms 210, 213 or 214 only)

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	Day of week:		
Requested space -	Large classroom? (quad)	Double room	_ Small classroom?
	Parish hall? Pavilion?	Need to use K	itchen?
	Will you be using St. James ta	blecloths?	
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Television so	reen (Rooms 210, 213 or 214 on	ly)	
DVD player	(Rooms 210, 213 or 214 only) _		
	Day of week:		
	Large classroom? (quad)		Small classroom?
requested space	Parish hall? Pavilion?		
	Will you be using St. James ta		
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