

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: _____

Proposed date: _____ 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 event be held? One-time? _____ Recurring? _____

If recurring, how often? Weekly? _____ Monthly? _____ Other? _____

Time of event: From _____ until _____

Will you need to use any type of equipment -

Sound box & microphone _____ Computer (quad room only) _____

Television screen (Rooms 210, 213 or 214 only) _____

DVD player (Rooms 210, 213 or 214 only) _____

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(continued back)

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