

St. James the Apostle Catholic Church

Meeting & Event Space Request

Ministry Name: _____

Contact Person: _____

Contact Number: _____

Email: _____

Event: _____

Date Submitted: _____

Requested Space:

_____ Large Classroom (Quad)

_____ Double Room

_____ Small Classroom

_____ Parish Hall

_____ Kitchen

_____ Pavilion

Will you need to use any type of equipment below?

_____ Sound Box & Microphone

_____ Computer (Quad Only)

_____ Television Screen (Rooms 210, 213, 214 Only)

_____ DVD Player (Rooms 210, 213, 214 Only)

_____ Table Cloths

(continued back)

