



Contact Person \_\_\_\_\_ Ministry/Organization \_\_\_\_\_  
 Main Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Indicate your affiliation to St. James:**

- Church Member     Regular Attender     Church Ministry     No Affiliation     Organization

Event/Activity \_\_\_\_\_ Date \_\_\_\_\_ Recurring? Yes  No   
 Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Set up or clean up? Y or N \_\_\_\_\_ How long? \_\_\_\_\_  
 Estimated Attendance \_\_\_\_\_

**Indicate the area(s) of the facility requested**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Sanctuary       | <input type="checkbox"/> Classroom 2A | <input type="checkbox"/> Membership Room       |
| <input type="checkbox"/> Great Hall      | <input type="checkbox"/> Classroom 2B | <input type="checkbox"/> Youth Room            |
| <input type="checkbox"/> Worship Center  | <input type="checkbox"/> Classroom 2C | <input type="checkbox"/> Tween Room            |
| <input type="checkbox"/> Vaughan Chapel  | <input type="checkbox"/> Classroom 2D | <input type="checkbox"/> Kidz Kingdom - Yellow |
| <input type="checkbox"/> Newton Lounge   | <input type="checkbox"/> Classroom 2F | <input type="checkbox"/> Kidz Kingdom - Purple |
| <input type="checkbox"/> Fellowship Hall |                                       | <input type="checkbox"/> Nursery               |
| <input type="checkbox"/> Kitchen         |                                       |  |

***A Certificate of Insurance will be required in certain circumstances.***

**Does event require set up and tear down?** \_\_\_\_\_ If yes, please detail on reverse of this form

**Does event require Audio/Visual support?** \_\_\_\_\_

- Music     CD     MP3/MP4  
 Video     DVD     MP3/MP4  
 PowerPoint Presentation  
 Microphones    How many? \_\_\_\_\_  
 Projector (Laptop is not provided)

***Internal use only:***

Date received \_\_\_\_\_  
 Office contact \_\_\_\_\_ date \_\_\_\_\_  
 Rate quoted \_\_\_\_\_  
 Deposit received \_\_\_\_\_ Balance due/by date \_\_\_\_\_  
 Media Director copied \_\_\_\_\_ date \_\_\_\_\_  
     Sound Tech assigned \_\_\_\_\_  
     Light Tech assigned \_\_\_\_\_  
     Presentation tech assigned \_\_\_\_\_  
 Event Calendared \_\_\_\_\_ date/initials \_\_\_\_\_  
 Cert of insurance requested? Yes/No    date received \_\_\_\_\_  
 Check requests sent date/initials \_\_\_\_\_  
 Building opener \_\_\_\_\_ Building closer \_\_\_\_\_

**ROOM DIAGRAM**

Indicate number of tables, chairs, etc.



**Special Notes/Requests:**

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**PLEASE RETURN COMPLETED FORM TO THE DIRECTOR OF OPERATIONS**