



EVENT PLANNING FORM

All events scheduled on site must be scheduled through the church office.

Name of Event: _____

Group or Ministry Scheduling Event: _____

Event Contact(s): _____

Phone(s): _____ Email(s): _____

Staff Contact: _____ Email: _____ Phone: _____

Event Date: _____ Start Time: _____ End Time: _____ Est. Number Attending: _____

Building: _____ Room(s): _____

Security Required: _____ Yes _____ No Event workers (number needed): _____
(\$30/hr., four-hour minimum reg. rate; \$45/hr. holiday) (\$80 minimum/five hours, per worker; add'l hours 1.5 x hrly. rate + 16.65% emp. tax)

If no workers are scheduled, who is responsible for set-up, service, clean-up (including trash removal), and to restore venue after your event?

Audio/Visual Tech: _____ Yes _____ No Equipment: _____
(screen, microphone, projector, etc.)

Other items needed: (TV, flip charts, laptop, DVD, etc.) _____

Food and Beverage (to be prepared by St. James staff/add'l charge may apply): _____

Nursery Staff: _____ Yes _____ No If yes, estimated number of children: _____

Diagram of set-up (table seating, auditorium seating, number of chairs, side tables, etc.):

After completing, please save this form and email it to Sylvia Rabalais, Administrative Secretary: srabalais@stjamesbr.org.