



EVENT PLANNING FORM

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

Name of Event: _____

Group or Ministry Scheduling Event: _____

Contact Person: _____

Phone: _____ Email: _____

Event Date: _____ Start Time: _____ End Time: _____

Building: _____ Room(s): _____

Security Required: _____ Yes _____ No Sextons (enter number needed): _____

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): _____

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.

_____ Maintenance/Housekeeping
_____ Nursery

_____ Dietician
_____ Technology

_____ Accounting Office
