



16202 Bruce B. Downs Blvd. Tampa, FL. 33647

☐ St. James UMC Ministry ☐ Outside Ministry

Please note: Any changes made in the configuration of this event after the receipt of this approved form are subject to staff approval and additional fees may apply.

Name of Event: _____

Rooms/Spaces requested: _____ Estimated Attendance: _____

Event Date: _____ Day of the Week: _____ Start Time: _____ End Time: _____

Set up Date: _____ Day of the Week: _____ Set up Time: _____

(Please write N/A if not applicable)

Does this form replace a previously submitted form? ☐ YES ☐ NO

Is this a recurring event? ☐ NO ☐ YES - ☐ daily ☐ weekly ☐ monthly ☐ quarterly ☐ annually

If known, list all exceptions to recurring event: _____

If recurring, estimated date of last meeting: _____

Contact Name: _____ Email: _____ Phone number: _____

If St. James related, which ministry: _____ Staff Person Contact: _____

Is childcare needed? ☐ YES ☐ NO Ages of children: _____

Please note how many children per age: _____

Please answer ALL questions:

- Will you use the room's regular set up? ☐ YES ☐ NO
- Will you need custodial support to clean up? ☐ YES ☐ NO

If no, who is responsible for clean up?

Name: _____ Phone: _____ Email: _____

Mark all applicable services consumables requested of St. James. (Please note: charges may apply)

- | | |
|---|---|
| <input type="checkbox"/> Paper/Plastic Plates | <input type="checkbox"/> Plastic/Styrofoam Cups |
| <input type="checkbox"/> Plastic Fork/Knives Spoons | <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Napkins | <input type="checkbox"/> Salt/Pepper |

Mark all applicable services for tech. requested : (Please note: charges may apply)

- | | | | | |
|---------------------------------------|---|--|---|-----------------------------------|
| <input type="checkbox"/> Sound System | <input type="checkbox"/> TV | <input type="checkbox"/> Video Projector | <input type="checkbox"/> Flip Chart | |
| <input type="checkbox"/> Mics # _____ | <input type="checkbox"/> DVD | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Video Screen | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Easel | <input type="checkbox"/> Exterior Signs | <input type="checkbox"/> Power Strip | <input type="checkbox"/> Extension Cord | |

Will Staff A/V Tech coverage be required for this event? ___If yes, indicate Date/Time_

COMPLETE BOTH SIDES IN FULL AND PLEASE NOTE:

1. Custodial costs are based upon the number in attendance and time used.
2. Event form must be received at least 10 days prior to event.
3. Send completed form to info@stjamestampa.org
4. Fee payment

Fee for staff utilization? AV Tech: \$125.00. ☐ Custodian \$125.00 ☐

Fee for Facility: _____

Total Fees for event. _____

Charged to Budget Account # _____ Make checks payable to St. James United Methodist.

Signature of Requester: _____ Date: _____

Name/Department to send invoice: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone Number: _____

Office use only:

Request approved? Yes No

Date: _____

If not approved, reason: _____