

St. Philip's Episcopal Church
321 West Union Street, Jacksonville, FL 32202
904-354-1053
www.stphilipsjax.org

Event/Activity Request Form

Please use this form to schedule all events and activities which use St. Philip's Church facilities. Request should be submitted for approval four (4) weeks prior to the event/activity date. Completed form should be submitted to the Calendar Administrator at email address:

Today's Date: _____

Activity/Event Name: _____

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

Alternate Date if requested date is not available _____

Event Set-up Date: _____ Start Time: _____ End Time: _____

Number of Attendees: _____ Food/Beverages Be Served Yes No

Name of Group: _____

Contact Person: _____ Contact Phone _____

E-mail Address: _____

Brief Description of Activity/Event:

- Internal Meeting Member Non-Member
- New Request Change Request Cancellation Request

Facility Requested (please check all that apply)

- Auditorium Number of Tables Number of Chairs
- Class Room 1 Class Room 2 Class Room 3 Class Room 4 Church
- Use of Church Bus DOK Chapel Kitchen Ministry Center Parking Lot

Audio/Video/Other: TV Projector Screen Internet Access Piano Podium

Signature _____ Date: _____

Ministry President/Coordinator/Chairperson _____

Date: _____

For Office Use Only:

Request Status:

New Request

Change Request

Cancellation Request

Approvals:

Calendar Administrator: _____ Date: _____

Rector: _____ Date: _____

Notification of Facility Assigned

Location Assigned _____

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

Person Contacted: _____

Request Status Notification Method Email Phone Voice Mail US Mail

Church Notification:

Rector: _____

Altar Guild: _____

Church Secretary: _____

Sexton: _____

Jr. Warden: _____

Sr. Warden: _____

Technology Committee: _____

Church Bus Driver: _____

Activity Approved

Activity Not Approved

Process: To submit a request for use of facilities or to schedule a meeting, please complete this form and submit it to the Calendar Administrator. If this is an internal function, please have the Ministry President/Coordinator/Chairperson sign the form prior to submission. You will receive written notification within seven (7) days of submission.

Your written notification will indicate if the activity is approved, the facilities assigned to your activity and the person responsible for providing your access to the facility.