**ST. PAUL CHURCH CALENDAR REQUEST**

***You MUST check with the Church office BEFORE scheduling or confirming any event by a St. Paul Auxiliary/Organization/Choir/Committee!***

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auxiliary/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Date Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Day/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time for Event \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ Alternate Time \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Requesting:: 🞏 Conference Room 🞏 Board Room 🞏 Sanctuary

🞏 Fellowship Hall 🞏 Choir Room 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Zoom: Day: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Teleconference : Day: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_

🞏 Recording: Day: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Set-Up Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_

Anticipated Attendance \_\_\_\_\_\_\_\_\_\_\_\_

Food Service Needed: 🞏 No 🞏 Yes *(Please provide details on the reverse side)*

Indicate additional assistance needed:

🞏 Music 🞏 Ushers 🞏 Offering/Stewards 🞏 Program

🞏 Handouts 🞏 Decorations 🞏 Power Point Equipment 🞏 Flyers

🞏 Laptop 🞏 Mouse w/pad 🞏 HDMI Cord 🞏 Projector

🞏 TV 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_ 🞏 \_\_\_\_\_\_\_\_

**IMPORTANT NOTICE**

***All food functions must be coordinated through our Food Service Ministry! Once approved, a copy of this form will be forwarded to Food Service and a coordinator will contact you regarding the details of your event. It will be the responsibility of the Auxiliary or organization to clean up the room or fellowship hall after your event returning the room to its original state. Food Service will handle the kitchen. It is also the auxiliary’s responsibility to make sure food and beverages are not carried outside the fellowship hall or consumed in the elevator lobby, sanctuary or other part of the building during your event.***

**Give a brief description of your event and provide as many details as you can of your event on the reverse side to help in determining the availability and space desired.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Requested by Position Telephone contact*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your request has been** …

🞏 Approved 🞏 Denied due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Pastor

**FELLOWSHIP HALL/FOOD SERVICE SET-UP INFORMATION**

**SET-UP OF THE FELLOWSHIP HALL AND CLEAN UP ARE THE RESPONSIBILITY OF THE HOSTING ORGANIZATION AFTER CONSULTATION WITH FOOD SERVICE WHO WILL APPROVE YOUR PLANS.**

Set-Up Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Attendance: \_\_\_\_\_\_\_\_\_\_\_\_

Equipment Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Space Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Special Arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Budget: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(To be confirmed by Food Service)*

**MENU PLAN :** 🞏 Breakfast 🞏 Reception **TYPE OF SERVICE:** 🞏 Buffet Service

🞏 Lunch 🞏 Banquet 🞏 Plated Service 🞏 Dinner 🞏 Break

**MENU:** 🞏 Salad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Meal* 🞏 Meat (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Vegetable (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Bread \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Dessert \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Beverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Breakfast/* 🞏 Meats (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Break*  🞏 Vegetable 🞏Grits **or** 🞏 Potatoes

🞏 Eggs 🞏 Scrambled 🞏 Quiche 🞏 Quiche Muffins

🞏 Bread 🞏 Biscuits 🞏 Muffins 🞏 Danish

🞏 Beverages Coffee, Juices, Water for tea and hot chocolate

*Reception* 🞏 Hot hors d’oeuvres (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Vegetable (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Cold hors d’oeuvres (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Dessert \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Beverage

Set Up:

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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