

ST. THOMAS EPISCOPAL CHURCH

Event Application

Date of Event _____ **Time of Event – Beg:** _____ **End:** _____

List any preparation dates/times: _____

Name of Event: _____

Ministry/Organization Individual Contact Name and Phone Number:

Purpose: **Fundraiser** _____ **Fellowship** _____ **Other** _____

Explanation: _____

Facility/Equipment Required:

Sanctuary _____ **Parish Hall** _____ **Kitchen** _____ **Microphone** _____

TV/Screen _____ **Other** _____

Explanation: _____

Estimated Number of Attendees: _____ **Ticket Sales (Y/N)?** _____ **Cost?** _____

Funds Required (if any) by St. Thomas: _____

Explanation if funds required: _____

Does Organization have a key (Y/N)? _____ **Is front entry required (Y/N)?** _____

Name of member who will open/lock up _____

Printed Name of Applicant _____

Signature of Applicant _____ **Date:** _____

Approved by:

Approved by:

Senior Warden/Date

Rector/Date

cc: Communication _____

Date _____