

St. James' Episcopal Church

9 Williams St., Clinton NY 13323
(315) 853-5359 • office@stjamesclinton.org

Room Reservation Form

Program Year: _____

By using the buildings and grounds of St. James' Episcopal Church, groups agree:

- 1. To adhere to all current local and state COVID-19 protocols as well as any protocols that St. James' Church or the Episcopal Diocese of Central New York has established.*
- 2. To clean up after their event. This includes removing garbage, cleaning and putting away dishes that the group uses, and ensuring the space looks like it did when the group arrived.*
- 3. To use the space for non-profit purposes. Groups may not charge participants or guests to attend events.*

Event Information

Booking Information

Event Name:	Event Date (s): <input type="checkbox"/> One time event <input type="checkbox"/> Weekly event <input type="checkbox"/> Monthly event <input type="checkbox"/> Monthly event (exclude the following months): <input type="checkbox"/> Other	Set-up Begins:	Clean-up Ends:
		Start Time:	End Time:

General Information

Event Type/ Description: (e.g./ meeting, meal, rehearsal, class, etc.)	Number of Guests:
Desired Space (s): <input type="checkbox"/> Library <input type="checkbox"/> All Saints Room <input type="checkbox"/> Parish Hall <input type="checkbox"/> Kitchen <input type="checkbox"/> Church <input type="checkbox"/> Classroom/ Nursery	Or Desired Room Attributes:

Additional Needs

Upon request St. James' staff will set-up and take down tables and chairs.

Room Set-up: (e.g., round tables, row (s) of chairs, rectangular tables, empty room, etc.)

Additional Equipment:

Diagrams can be attached to this form

WiFi password available upon request

Group Information

Group/ Organization Name:

Name of Contact Person:

Phone Number:

Home

Cell

E-mail Address:

Preferred Contact Method:

- Cell phone
 Home phone
 Email
 Other: _____

Additional Information/ Notes for this Request:

Date Submitted:

____ / ____ / _____

St. James' Office Use Only

Availability:

- Available
 Not Available
 Other:

Reservation Entry Date:

Confirmation with Contact Person:

Date: ____ / ____ / _____

Method:

- Cell phone
 Home phone
 E-mail
 Other: _____

Liability Insurance Certificate Necessary:

- Yes
 No

LIC Received: ____ / ____ / _____

Notes:

St. James' Staff Member: