

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 all current local and state protocols as well as any protocols that St. James' Church and/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. **You are responsible for the set-up and clean-up of tables and chairs.***
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

(Please note groups are responsible for set-up and clean-up of their event)

I agree to return the room to the prior set-up after our event.
AND I agree to alert St. James' to any changes or cancellation of this event.

Signed _____

Date _____

Additional Equipment: (if available)

- Audio/ Visual
- Wifi password

Group Information

Group/ Organization Name: _____

Group/Organization Address _____
Street Address City State Zip

Contact Person Information

Name of Contact Person _____

Phone Number Cell: _____ Home: _____

Email Address _____

Date Submitted _____ / _____ / _____
Month Date Year

Preferred Contact Method

- Cell Phone
- Home Phone
- E-Mail

Additional Information/Notes for this Request:

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: