



St. Mark's Episcopal Church

NON-SPONSORED

ST. MARK'S EVENT REQUEST FORM

315 East Pecan Street, San Antonio, Texas 78205

Phone 210.226.2426 * E-mail eenloe@stmarks-sa.org

INSTRUCTIONS: Complete entire form. Save the form then submit completed form via email to the above email address.

NOTE: IF YOUR EVENT IS MULTIPLE DAYS, A SEPARATE FORM IS REQUIRED FOR EACH DAY.

_____ (MM/DD/YY) : DATE FORM SUBMITTED (at least 3 day prior to event/meeting)

SUBMITTED BY _____ **GROUP/EVENT NAME** _____

Is this a non-profit/not-for-profit organization?: Yes No

If, YES describe: _____

Contact Person: _____ Day Phone: _____ Email: _____

Day & Date of Event (MM/DD/YY) _____ Start Time (hh:mm AM/PM) _____ End Time (hh:mm AM/PM) _____

Anticipated number of persons for event _____ Name(s) or number of room(s) requested _____

WHAT TYPE OF EVENT

SIGNED BY STAFF

- | | |
|--|--|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Service in the church: <input type="checkbox"/> Eucharist <input type="checkbox"/> No Eucharist |
| <input type="checkbox"/> Meeting with Food service | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Banquet/Reception | <input type="checkbox"/> Rehearsal/Practice |
| <input type="checkbox"/> Conference/Workshop/Seminar | <input type="checkbox"/> Tour of the church |
| <input type="checkbox"/> Study Group | <input type="checkbox"/> Other _____ |

FOOD SERVICE

SIGNED BY STAFF

- Coffee Tea Water Juice Alcoholic Beverages (see alcoholic beverage policy)
- Other _____
- Lunch Dinner Continental breakfast
- Food catered or provided (explain) _____

NURSERY*

SIGNED BY STAFF

This event requires nursery?: Yes No
How many children _____ Ages (range) _____

HOSPITALITY

SIGNED BY STAFF

NOTE: Our facility is very large and potentially difficult to navigate. In the interest of hospitality it is a good practice to provide directional signage and welcoming greeters. It is your group's responsibility to provide these to best serve your participants. We will need to know the names of the people accountable for hospitality.

SIGNAGE: Name(s) of person(s) accountable: _____

GREETERS: Name(s) of person(s) accountable: _____

EQUIPMENT **

SIGNED BY STAFF

Lectern(s) QTY: _____ Flip Chart(s) QTY: _____

TECHNOLOGY/AUDIO-VISUAL

SIGNED BY STAFF

Microphone(s) QTY: _____ Type of Microphone(s)?: Handheld Lapel On stand

Projector DVD player PC connection to projector Overhead Audio system

NOTE: Only Tom Gish hall is pre-wired for A/V including projector/DVD/PC connection and both wireless and wired microphones. All other rooms require A/V setup

ROOM ARRANGEMENT*

SIGNED BY STAFF

Please mark how many persons to be seated _____

Chairs in a circle Chairs in semi-circle Lecture style w/center aisle Tables w/chairs

Table type: square rectangle

PARKING

SIGNED BY STAFF

Fee per car: **\$5.00** (paid for by each individual vehicle when parking for your event.)

NOTE: St. Mark's has contracted with a private company to manage both our East and West parking lots. As part of our agreement, we do not have the ability to waive the \$5.00 parking fee for events that are non-St. Mark's-related events. **PLEASE BE SURE TO COMMUNICATE TO YOUR PARTICIPANTS THAT THEY ARE RESPONSIBLE FOR THEIR OWN PARKING FEES. ST. MARK'S IS NOT LIABLE FOR ANY CARS THAT ARE TOWED FOR NON-PAYMENT OF PARKING FEES.**

ADDITIONAL COMMENTS

SIGNED BY STAFF

Is there anything else you would like to communicate with us that we have not covered above?
(Please use the box below)

PLEASE SUBMIT THE COMPLETED FORM TO ELAINE ENLOE

Via email at eenloe@stmarks-sa.org

or via fax at 210-226-2468

FEE INFORMATION

Standard Building Use Fees (Non-refundable):

\$700.00 (1 or 2 days)

\$1,100.00 (3 or 4 days)

Additional charges:

Sexton (custodial), nursery and food service (*please see fee schedule for details on these charges*).

Parking (*please see the parking information above*).

Note: All fees are due 7 days before the first day of the scheduled event.

**** SPONSOR/PRESENTER REQUIREMENTS**

All room arrangements are **REQUIRED** in person with one of the sub-committee members at least 2 days prior to the event. If the sponsor/presenter is from out of town they may approve final room diagram drawings by e-mail.

Room arrangement changes must be made at least 24 hours prior to the event; otherwise, rooms will be set up and left as was originally requested. Rooms are subject to change by the Sub-Committee.

If technology is requested, a **REQUIRED** meeting in person/or by phone (not e-mail) will occur with St. Mark's Information Technology person at least 24 hours prior to meeting time to test their equipment to make sure it is compatible with St. Mark's equipment.

Please submit group Mission or Vision Statement or Purpose.

BELOW IS FOR ST. MARK'S STAFF ONLY

FINAL ROOM APPROVAL SIGNED BY _____ **DATE** _____

EVENT PLACED ON THE MASTER CALENDAR BY _____

Costs Fee (as calculated by Facilities Use Subcommittee) Amount: \$ _____

Additional security deposit \$250.00 (refundable) Total Amount \$ _____

*Labor charges apply. The hourly labor rate per employee will be assessed in accordance with the fee schedule.