



St. Mark's Episcopal Church

# ST. MARK'S EVENT REQUEST FORM

315 East Pecan Street, San Antonio, Texas 78205

Phone 210.226.2426 \* E-mail [eenloe@stmarks-sa.org](mailto: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) \_\_\_\_\_

### PARKING

### SIGNED BY STAFF

\_\_\_\_\_ How many spaces  East Lot  West Lot  Both Lots

### 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

**\*\* SPONSOR/PRESENTER REQUIREMENTS**

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

**Required** to meet in person/or by phone (not e-mail) 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.

**FEES**

*Food service charge according to the request.*

*Depending on what type of event and time of event there may be sexton service charge.*

**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](mailto:eenloe@stmarks-sa.org)

or via fax at 210-226-2468

**BELOW IS FOR ST. MARK'S STAFF ONLY**

FINAL ROOM APPROVAL SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_

EVENT PLACED ON THE MASTER CALENDAR BY \_\_\_\_\_