



# St. James Baptist Church

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Rev. Kevin L. Sykes, B.A., M.Div, Senior Pastor

## EVENT APPROVAL FORM

Date \_\_\_\_\_  Add to the Bulletin  
Submitted By \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Organization \_\_\_\_\_  
Type of Activity/Purpose \_\_\_\_\_  
Date of Activity \_\_\_\_\_ Time: \_\_\_\_\_  
(Start & End Time)  
Alternate Dates 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Location  Sanctuary  Trustee Area  Jones Fellowship Hall  
 Kitchen  Child Development Center \_\_\_ Setup Required \_\_\_ Y \_\_\_ N  
 Conference Room \_\_\_ See Attached Requirements

Speaker Required  No  Yes Name: \_\_\_\_\_  
Guest Church \_\_\_\_\_

St. James Ministries Needed - *Approved copies are forwarded to each ministry involved*

Audiovisual  Microphones  Drop-Down Screen  Special Request \_\_\_\_\_  
 Music  
 Deacons **Kitchen Supplies:** *Check Items Needed* Number of Guests \_\_\_\_\_  
 Doorkeepers \_\_\_ Cups \_\_\_ Plates  
 Trustee Area \_\_\_ Plastic Forks \_\_\_ Plastic Spoons  
 Culinary Ministry \_\_\_ Napkins \_\_\_ Tablecloths

Will There Be An Offering?  No  Yes (If Yes, Trustees Must Be Notified)  
Is There A Cost/Fee For Attendance?  No  Yes \$ \_\_\_\_\_ Amount  
Activity Approved \_\_\_\_\_  
Pastor Church Office  
Date Activity Confirmed \_\_\_\_\_

*Initial Program Outlines Submitted To Pastor When The Information Has Been Identified*

### One Week Prior To The Event:

*The person submitting the form is responsible for the following:*

- Final Program Outline to Pastor for Approval  Program to Office  
 Confirm Additional St. James Ministries with the Office (If applicable)

**NOTE: ALL EVENT APPROVAL FORMS SHOULD BE SUBMITTED TEN (10) BUSINESS DAYS PRIOR TO ACTIVITY TO ENSURE SPACE AVAILABILITY.**

## ***D. C. Jones Fellowship Hall Seating***

• Seating Capacity      320 – chairs only                      280 w/round tables

• Estimated Seating for Event \_\_\_\_\_

• Table Resources

25 Rectangular Tables

35 Round Tables

8 - 10 seats per table

8 seats per table

• Room Setup

\_\_\_ Round Tables Only

\_\_\_ Reception Style

\_\_\_ Auditorium Style

\_\_\_ Workshop/Conference Style

Round Tables                      Yes \_\_\_\_\_                      No \_\_\_\_\_                      No. of tables \_\_\_\_\_

Rectangular Tables              Yes \_\_\_\_\_                      No \_\_\_\_\_                      No. of tables \_\_\_\_\_

Use of Outer Pockets            Yes \_\_\_\_\_                      No \_\_\_\_\_

Chairs Only                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Special Notes \_\_\_\_\_

**PLEASE NOTE**

- If seating arrangements are required for meetings or special events, please contact the **Office 10 days** prior to the event, who will contact the Sexton.
- If no seating arrangement is selected, the individual requesting the use of the facility will be responsible for both the setup and disassembling of the area.
- Seating arrangements for weddings should be communicated to the Church Office when reservations are confirmed.

Office Use Only – One Week Prior to Events

Contacts (if applicable)

Date

Time

\_\_\_ Sexton    \_\_\_\_\_    \_\_\_\_\_

\_\_\_ Music Ministry    \_\_\_\_\_    \_\_\_\_\_

\_\_\_ Audio Ministry    \_\_\_\_\_    \_\_\_\_\_

\_\_\_ Culinary Ministry    \_\_\_\_\_    \_\_\_\_\_