St. Stephen the Martyr **Event Proposal Form**

Event Name:					# of Attendees			
Event Date(s):	Start Time:				End Time			
Set-Up Date(s):	S	Start Time:			End Time			
Does the event in (Mass) If yes, des	Č	-	0,5	Ye ce)	s No			
Recurring Event? Yes	s No	If Y	Yes:	Weekly Day	Monthly	Day/Date of Month	Yearly	Day/Date of year
Group Proposing Event	Group Staff Liaison							
Event Coordinator		Co	ontact:	Email: Phone:				
Facility spaces to be used: (Check all that apply)		Hall Hall Kitchen St. James		m 127 m 128/129	Church Chapel Narthex Narthex Kitch	Other:		
Vill there be a speaker a	ŕ	St. Johns Classroom 130 Narthe Speaker Name:			Is speaker from outside of Seattle Archdiocese			
Wi-Fi		DVD Player				Social Hall Kitchen use		
	Event/cleanup After 10 pm (for Parking Lights)			rojector/Screer	n	Narthex Kitchen use		
Other Needs:	Set Up Help (Attach Set Up Sketch)			Stage		If Kitchen is used, has someone		
Check all that apply)	Other:	Sound System W/Microphone and other Audio inputs		in group completed Kitchen Training? Yes No Contact Kim Anderson for kitchen training information. A Kitchen Monitor may be used to supervise the event for a fee, if one is				
Event Description	& General	Information: (Use	e back	for more s	space)	available.	entryol u jee, ij	one is
Is the requesting group help, administration, an		e a free-will offering to Yes No	•	hen's general approximate	•	support facilities	s, supplies, c	ustodial
Proposal Form Completed By:			Date Submited:					

SSTM Event Proposal Form Revised: 03/28/25

Date Submited:

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