

SAINT JAMES THE APOSTLE CATHOLIC CHURCH

EVENT AND FACILITY SCHEDULING REQUEST

EVENT INFORMATION

(Please Print)

Organization: _____

Event Name: _____

Event Description: _____

Proposed Location: _____

Date(s) of Meeting / Event: _____ Time: Start _____ End _____

Estimated Number of Attendees: _____ Public: _____ Private: _____

Charging Fee: Yes No Amount \$ _____

Permit Required: Yes No Alcohol: Yes No

Proceeds to Benefit: _____

CONTACT INFORMATION

Today's Date: _____

Name: _____

Telephone Number: _____ E-Mail: _____

Completed forms should be submitted to the
St. James Rectory, E-Mail: office@sjapostle.net

FOR OFFICE USE ONLY: Date of Receipt: _____

Approval

Jim Navarro _____ Approval Date: _____

Father Antony _____ Approval Date: _____



Fr. Antony Vazhappilly
Pastor

34700 Fremont Boulevard
Fremont, California
94555-3113

510 792-1962
sjapostle.net