

EVENT INFORMATION FORM
ST. JAMES UNITED METHODIST CHURCH
4661 Porter Road, Niagara Falls, New York 14305
716-297-6421

Event Name: _____

Date of Event: _____ Time: _____

**THIS FORM NEEDS TO BE COMPLETED AND DISTRIBUTED
SIX WEEKS PRIOR TO DATE OF EVENT**

Location: _____

If at church, room to be used: _____

Cost: _____

Deadline and phone for reservations/tickets: _____

Description of Event including target ages: _____

Contact Person for Event & Phone: _____

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**COPIES OF THIS FORM NEEDS TO BE GIVEN SIX WEEKS
PRIOR TO EVENT DATE TO THE FOLLOWING PEOPLE:**

1. Barb Hanna, Office Administrator (office@stjamesniagara.org)
Weekly worship bulletin, monthly Epistle newsletter and
Community advertisers.
2. Judy Maggs, Communications (webmaster@stjamesniagara.org)
Weekly "Centered in Christ" e-mail, website & facebook.
3. Tammy Perry, Custodian (custodian@stjamesniagara.org)
Room to be used and set up room (ex. Tables & chairs)
4. Flyer or advertising on "Upcoming Event" Bulletin Board.
5. Advertising in frame on "Welcome Table".