

Mary Queen Catholic Church

Calendar Request Form

Date Submitted: _____

Topic/Title of Meeting or Event: _____

Name of Organization/Ministry: _____

Ministry Coordinator/Contact Info:

Name _____ Email _____ Phone Number _____

Name & Contact Info of Person Making Reservation (If different from above):

Name _____ Email _____ Phone Number _____

Date(s) of Event: _____ Room Requested: _____

Time Room Is Needed: _____ - _____ am pm Actual time of meeting: _____ - _____ am pm

Set-Up/Breakdown Needs (attach a diagram if needed): _____

Person Responsible for Equipment Check Out/Check In (If different from above):

Name _____ Email _____ Phone Number _____

Kitchen Needed: Yes No Time needed, including clean up: _____ - _____ am pm

AV Needs: Microphone Laptop Easel Other (if available): _____

Describe event:

Materials/Handouts to Be Used:

Office Use Only: Approved: _____ Room Assigned: _____ Scheduled/Calendar: _____

Date: _____