

**Mary Queen Catholic Church, Friendswood**  
**Event Coordination 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): \_\_\_\_\_

Special Speaker(s)/Presenter(s):  Yes  No

Name(s): \_\_\_\_\_

**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: Projector  Microphone  Laptop  Easel  Other (if available): \_\_\_\_\_

**Describe event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Materials/Handouts to Be**

**Used:**

\_\_\_\_\_  
\_\_\_\_\_

***Please attach a meeting agenda or outline of event, and copies materials being used or distributed:***

***Agenda attached:***  Yes  No                       Not being used

***Handouts attached:***  Yes  No                       Not being used

***Note: All handouts or materials being distributed are approved by the pastor or parish staff designee.***

**Office Use Only:** Approved: \_\_\_\_\_ Room Assigned: \_\_\_\_\_ Scheduled/Calendar: \_\_\_\_\_

Date: \_\_\_\_\_