SPEAKING ENGAGEMENT ADVANCE PACKET

BASIC INFORMATION

Name of Church/Ministry:			
Address:			
City:	State:	Zip Code:	
Church Telephone: ()		Church Fax: ()	
Contact Person:			
Best Time to Contact:			
Telephone (if different): (Fax (if different): ()	
Home Telephone (Optional): ()	Pager (Optional):	
	CHURCH INFO	RMATION	
Name of Senior Pastor and Spo	ouse:		
Will you need special seating arrangements?			
Approx. number of members to (This is for seating purposes)	hat will be accompany	ing you?	
Approx. time of arrival?			
<u> </u>	SOUND SYSTEM AR	RANGEMENTS	
Which do you prefer to use a la	apel/cordless micropho	ne?	
Will you be bringing your own lapel/cordless microph		ione?	Yes No
Will you be bringing any other sound equipment?			Yes No
	<u>HOSPITII</u>	<u>.ITY</u>	
What type of beverage do you prefer while ministering?			
Will your PPA's (Pastor's Pers	sonal Aides) be availab	le to assist us in assisting you? _	
*Notice: Will other ministries If so, please place an "X" next		rticipate in this event?istry. Limit two ministries plea	use.
Praise TeamChoir Scripture ReaderPraye		oloist	
What will be your honorary fee	e?		