

# Ministry Request Form



Name of Organization: \_\_\_\_\_

Leadership/Overseer(s): \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

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## Type of Ministry Needed (Circle those which apply):

Apostolic    Prophetic    Evangelism    Pastoral    Teaching    Seminar/ Workshop

Preaching    Praise/ Worship    Prophetic Dance

Other: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Theme of Event (If Applicable): \_\_\_\_\_

Event

Location: \_\_\_\_\_

Travel/Hotel

Arrangements: \_\_\_\_\_

## Point of Contact Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_