

# Faith Deliverance Apostolic Church

Request for the ministry of Bishop J. Denard Williams  
Evangelist Dr. Tina Williams

Today's Date: \_\_\_\_\_

Church Name & Address: \_\_\_\_\_

\_\_\_\_\_

Church phone & e-mail address: \_\_\_\_\_

Name of auxiliary within church making request: \_\_\_\_\_

Name & position of contact person: \_\_\_\_\_

Phone number of contact person: \_\_\_\_\_

E-mail/fax number of contact person making request: \_\_\_\_\_

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

Purpose of event, theme, and scripture: \_\_\_\_\_

\_\_\_\_\_

Time your events starts: \_\_\_\_\_

Host Pastor's name: \_\_\_\_\_

Has your Pastor granted specific approval for this speaker? \_\_\_\_\_

What exactly do you want Pastor/Evangelist to do?

Preach: \_\_\_\_\_ Teach workshop/seminar \_\_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are other speakers on the same program? \_\_\_\_\_

Are you requesting participation from our church to attend? \_\_\_\_\_

\_\_\_\_\_

What honorarium are you preparing to give Pastor/Evangelist? \_\_\_\_\_

\_\_\_\_\_

*Thank you for your interest in this ministry*