

Pastor Dale Crawley Sr.

Speaking Request Form

HOST INFORMATION:

Date Requested: Choice 1 _____ Choice 2 _____

Time of Ministry: _____

Name of Hosting Ministry: _____

Host Ministry Pastor(s): _____

Host Ministry Physical Address: _____

Host Ministry Mailing Address: _____

Host Ministry Denomination: _____ Year Church Founded _____

Host Ministry Phone: _____ Fax: _____

Preferred Contact: Name _____ Ph: _____

EVENT INFORMATION:

Event Type: Conference Mid-week Service Sunday AM Sunday PM

Other _____

Event Theme / Purpose: _____

Length of Ministry Session: _____ mins. Number of Sessions: _____

Event Location: _____

Expected Attendance: _____ Times of Services: _____ AM-PM

Audience Gender: Male Female Both

Audience Type: Singles Couples Youth Other

Comments:
