**ENGAGEMENT REQUEST FORM**

| 1. **Ministry Contact Person**
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| **Contact Name:** | Click or tap here to enter text. |
| **Contact Position:** | Click or tap here to enter text. |
| **Contact Phone:** | Click or tap here to enter text. |
| **Contact Email:** | Click or tap here to enter text. |
| **Covering & Ministry Name:** | Click or tap here to enter text. |

| 1. **Event Details**
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| **Event Title:** | Click or tap here to enter text. |
| **Event Website/Registration:** | Click or tap here to enter text. |
| **Organization Name:** | Click or tap here to enter text. |
| **Organization Website:** | Click or tap here to enter text. |

| 1. **Honorarium**
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| **What is the amount that is budgeted for an event of this size?** | Click or tap here to enter text. |

| 1. **Itinerary Details**
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| **Event Address:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Number of Congregations:** | Choose an item. |
| **Expected number of attendees:** | Choose an item. |
| **What is the event facility capacity?** | Click or tap here to enter text. |
| **Please list any other invited speaker(s):** | Click or tap here to enter text. |

| 1. **Requested Date(s)/Time(s)**
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| **Event start date and time(s):** | Click or tap to enter a date. | Choose an item. | ☐AM ☐PM |
| **Event end date and time(s):** | Click or tap to enter a date. | Choose an item. | ☐AM ☐PM |
| **Requested Speaker date and time:** | Click or tap to enter a date. | Choose an item. | ☐AM ☐PM |
| **Are your dates flexible?** | Choose an item. |

| 1. **Connection with Yolanda Stith**
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| **Please describe your connection with Apostle Yolanda Stith:** | Click or tap here to enter text. |
| **How did you hear about us?** | Choose an item. |
| **Please give a brief description of your Ministry, as well as how our Ministry would contribute to your vision.** | Click or tap here to enter text. |

