

Mount Carmel Full Gospel Deliverance International Temple Inc.
Bishop Dr. Wayne Spence, Sr. Pastor
420-A Wyandanch Avenue
North Babylon, NY 11703
(631)643-2226

MINISTRY REQUEST FORM

Bishop Dr. Spence of the Mount Carmel Full Gospel Deliverance International Temple Inc. would like to thank you for your invitation to come and share in ministry with you. Please complete this form and return it with a formal letter invitation. This form is a request for information only and should not be considered a Confirmation. Thank you.

CHURCH INFORMATION

Host Pastor Name: _____

Church/Organization Name: _____

Address: _____

City: _____

Telephone: _____

Email Address: _____

Office Hours: _____

EVENT INFORMATION

Contact Person(s): _____

Telephone: _____ **Cell #** _____

Email: _____

Requested Day or Dates: _____

Service Times: _____

Type of Assignment:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Banquet | <input type="checkbox"/> Convention |
| <input type="checkbox"/> Church Service | <input type="checkbox"/> Anniversary | <input type="checkbox"/> Revival |
| <input type="checkbox"/> Deliverance | <input type="checkbox"/> Ordination/Consecration | <input type="checkbox"/> Installation |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Weddings | <input type="checkbox"/> Other |

Theme of Service and Scripture: _____

Special Topic Requested? Yes NO

If yes please state: _____

Location and Cross Street (s) of service requested: _____

How did you hear of this ministry? (Explain) _____

OFFERING/HONORARIUM

During the Ministry of Giving will a speaker's offering be taken? _____

Is there a set honorarium that your ministry has for Bishops and Apostles? _____

What is the expected honorarium to be given for service rendered? _____

AUDIO/VISUAL

Will the service be taped? Yes No Video/DVD's Audio

NOTE: These tapings are for the sole use of ministry and are not to be duplicated or sold for profit without the consent of Bishop Dr. Wayne Spence _____

Please Initial

Please List the equipment accessible (ex. Microphone, Keyboard, Organ, Drums, Soundboard etc)

TRAVEL EXPENSES (If Applicable)

Will all expenses be paid? { } Yes { } No { } Airfare { } Hotel { } Meals

Does your budget make allowance for travel companion for Bishop Dr. Spence? _____

AIRPORT

Nearest airport to your ministry event: _____

Distance from airport to hotel: _____

Distance from hotel to Service: _____

Name of Hotel and address: _____

Please my preference is a non-smoking room, King Bed, Restaurant on premises, 24hr room service

Confirmation Number: _____ Reservation Date (s) _____

Note: Before Bishop Wayne Spence arrives, please check the hotel (room) accommodations to assure that everything is in order. We are requesting that possession of the hotel room key be given to Bishop Spence or his armor bearer when picked up from the airport or upon arrival at destination. The Bishop would like to be escorted directly to the hotel upon arrival.

Who will greet and pick up Bishop Spence? _____

Where will he be met? _____

TRANSPORTATION

In the event of ground travel inter state the toll and Gas will be requested inclusive in offering.

NOTE: This request is not to be considered as a confirmation or acceptance of assignment. All confirmation will be given after receipt and completion of said forms.

Please return this form by email for prompt response to: anthony336@optonline.net

Mail To: Mount Carmel Full Gospel deliverance International Temple Inc.
420-A Wyandanch Avenue
North Babylon, NY 11704
Telephone: (631)643-2226
Fax (631)643-2238