



SPEAKING ENGAGEMENT REQUEST FORM

REQUESTOR NAME: _____

REQUESTOR'S MINISTRY/ORGANIZATION NAME: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

EVENT: _____

ADDRESS OF EVENT BEING HELD (include street address and directions): _____

DATE OF EVENT: _____

TIME OF EVENT: _____

EVENT THEME: _____

SCRIPTURE: _____

DRESS ATTIRE: _____

EXACT TIME & DESIRED LENGTH OF SPEAKING ENGAGEMENT: _____

ANTICIPATED SIZE OF AUDIENCE: _____

OTHER PERTINENT INFORMATION: _____

****PLEASE ATTACH COPY OF PROGRAM****

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