

Speaking Request

Pastor Joel Stockstill

Today's Date: _____

Ministry Schedule

Request date(s) of ministry: _____ Service Time(s): _____

What "type" of services? _____ (i.e., conferences, regular service, etc.)

Has Pastor Joel ever ministered at your church? _____

Theme name: _____

Other guest speaker(s) and their ministry dates and times(s): _____

How did you hear about Pastor Joel Stockstill? _____

Meeting Facility

Host Church/Organization: _____

Mailing Address _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Pastor/Host: _____ Spouse: _____

Meeting Coordinator: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Location of Meeting: _____

Physical Address _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Expected Attendance: _____ Total occupancy of meeting facility: _____

Average number of people who attend a Sunday service: _____

Transportation

Nearest commercial airport: _____

Distance and travel time from the airport to the hotel: _____

Distance and travel time from the hotel to the meeting facility: _____

Thank you for completing this form in its entirety and emailing or faxing it back to Leslie Sanford. Thank you also for inviting Pastor Joel as your guest speaker. We are here to serve and bless your church.

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