

# LIVING WORD CHRISTIAN CENTER

1401 GOVERNMENT ST \* MOBILE AL 36604 \* PHONE 251-471-2334 \* FAX 251-473-9321

E-Mail: LWCC@LWCCIM.COM

## ENGAGEMENT REQUEST

Date Received: \_\_\_\_\_

Event Approval

Date Confirmation Needed: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Declined

Speaker Requested: \_\_\_\_\_ Bishop Levy H. Knox  
\_\_\_\_\_ Pastor Delia Knox for: \_\_\_\_\_ Speaker and/or \_\_\_\_\_ Special Music

## CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Pastor/Head of Ministry: \_\_\_\_\_ Spouse: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church/Ministry Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Length of Ministry's Existence: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

## EVENT INFORMATION

Date(s) Requested:

<u>Day(s), Date(s)</u>	<u>Event Time(s)</u>	<u>Sessions Per Day</u>
Friday, _____	_____	_____
Saturday, _____	_____	_____
Sunday, _____	_____	_____
Other, _____	_____	_____

Event Type: \_\_\_\_\_ Conference/Convention \_\_\_\_\_ Workshop \_\_\_\_\_ Retreat \_\_\_\_\_ Luncheon  
\_\_\_\_\_ Seminar \_\_\_\_\_ Concert

Event Audience: \_\_\_\_\_ Men \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_ Married \_\_\_\_\_ Single

Event Name: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Theme & Scripture Ref: \_\_\_\_\_

Location of the Event (if different from the church): \_\_\_\_\_

Address of Event: \_\_\_\_\_

Please list any additional speakers at this event: \_\_\_\_\_ Only Speaker: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date(s) & Time(s) Speaking: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date(s) & Time(s) Speaking: \_\_\_\_\_

**TAPE/CD PRODUCTION:** If services are taped, we require a courtesy copy.

**PRODUCT:** Please provide a 6ft table at venue for Bishop & Lady Delia's product.

**PROMOTIONAL MATERIAL:** Please forward any brochure or flyer of announcement for this event upon availability.

**Please note it will be your responsibility for travel & lodging accommodations for Speaker & Traveling Assistant.**

**Please make Honorariums payable to LWCC. Thank You.**

Additional Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_