



P.O. Box 549 * Mandan, ND 58554 * 701-258-6786
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MINISTRY REQUEST FORM

Name of church/ministry making the invitation: _____

Church Address: _____ State: _____ Zip _____

Church Phone: _____ Church Email: _____

Church's website: _____ Name of Pastor: _____

Contact Person: _____ Contact's Position: _____

Contact's Email: _____ Contact's Phone: _____

Denomination or ministry association (if any): _____

Size of Congregation hosting the event: _____ Number of churches being invited to attend: _____

Primary Nationality of groups participating:

Caucasian: ___ Korean: ___ Hispanic: ___ African American: ___ Native American: ___ Other: _____

What type of event are you inviting Becky to speak at? _____

Please tell us anything else about your church or this event you feel is important for us to know:

Is your pastor aware you are making this invitation and do you have his/her approval? _____

Specific dates you are requesting Becky to come. Please include alternative dates:

Month: _____ Day(s): _____ Year: _____

Month: _____ Day(s): _____ Year: _____

Month: _____ Day(s): _____ Year: _____

Requirements include the purchase of an airline ticket, hotel room, and meals for Becky for the event and in most cases a travel assistant. We also ask for the privilege of selling our products at the venue and ask for a generous honorarium of your choosing.

Signed _____ Date _____