



Ministry Booking Form

MINISTRY AFFILIATION

Name of Ministry _____

Ministry Leader's Name _____

Ministry Address _____

Ministry Contact Number _____ Email _____

Website _____

PERSONAL CONTACT INFORMATION

Name _____

Address _____ Phone _____

Email _____

EVENT INFORMATION

Name/Type of Event _____

Event Date _____ Event Time _____

Requested Date & Time of Participation _____

How did you hear about Shekinah Global Ministry? _____

Why do you feel Dr. Doris Riley/ Shekinah Global Ministry would be an asset to this event?
