



# Ministry Booking Form

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## 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?

\_\_\_\_\_