



NEVER ENDING WORSHIP
ENTERPRISES, LLC

Ministry Request Form

for

Dr. Judith McAllister

SPONSORING ORGANIZATION

1. Name of the Organization

2. Mailing Address

3. City, State and Zip Code

4. Phone Number and Fax Number

5. Organization Website and/or E-mail Address

6. Name of the President/Pastor

7. President/Pastor's Contact Phone # and Fax #

8. President/Pastor's E-Mail Address

LOCATION INFORMATION

9. What is the event location (Address, City & Zip)?

10. What is the seating capacity at this location?

11. Who is the President/Pastor at this location?

12. Is Dr. McAllister restricted as to how she may minister?

YES NO ***** If yes, please specify:

13. Give the name, title and phone number of the Contact Person for this event:

EVENT INFORMATION

14. What is the title of the event?

15. What is the purpose/vision for this event?

16. Is this a ticketed event?

YES NO **Please note that Dr. McAllister does not participate in worship services that include an admission fee.

17. What is the appropriate attire for this event?

18. For what dates and times are you requesting Dr. McAllister's ministry?

MINISTRY & ACCOMODATIONS

19. In what capacity would you like Dr. McAllister to minister?

- Preaching/Ministry of the Word
- Clinician/Instructor
- Worship Leader (# of Songs desired: _____)
- Psalmist (# of Songs desired: _____)
- Concert (# of Songs desired: _____)
- Worship Shut-In
- OTHER (Please specify): _____

20. Is the organization prepared to meet Accommodation Requirements A-C, listed in the Reference Sheet?

YES we will meet all of the outlined requirements.
 NO

HONORARIUM

21. What is the proposed honorarium?

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Office Use Only

Date Received:	<input type="checkbox"/> Accept <input type="checkbox"/> Unable	Notification Date:	Alternative Date(s):
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