

CHRIS McCLARNEY

MINISTRY REQUEST FORM

EVENT INFORMATION

EVENT NAME

START DATE

END DATE

PROJECTED

WEBSITE

ATTENDANCE

VENUE INFORMATION

VENUE NAME

ADDRESS

CITY

PROVINCE
/ STATE

POSTAL
CODE

CLOSEST AIRPORT

HOSTING ORGANIZATION

NAME

WEBSITE

CONTACT INFORMATION

Liaison Name

Position

Email

Cell Phone

Sr. Leadership

Position

Email

Office Phone

REQUEST DETAILS

No. of Days Requested

Start Date

End Date

Will there be other speakers and worship leaders? Yes No (Please circle one)

Are you requesting Chris to bring his band? Yes No (Please circle one)

ADDITIONAL INFORMATION (Please provide additional details as you see fit.)

Our Contact Information: chris@chrismcclarney.com

www.chrismcclarney.com

NOTE: You can complete this form online by going to our website.