

Mt. Calvary Holy Church of America Standard Operating Procedures Manual



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Volume A: Local Assemblies Administrative Procedures

Edition III – July 2012



Mt. Calvary Holy Church of America Standard Operating Procedures Manual

Volume A: Local Assemblies Administrative Procedures

Introduction

The Mt. Calvary Holy Church of America, Inc. (MCHCA) Standard Operating Procedures Guide was created to provide an easy-to-understand explanation of the procedures related to the administrative functions associated with the daily operations of the Organization and its local Assemblies. The Guide is divided into four major volumes, each of which contains the applicable policies & procedures for the denoted category. A comprehensive standard operating procedures guide is being developed in a phased approach, where each volume will be independently released within the next year or so. For details concerning the content of the individual volumes, see the detail descriptions below:

Volume A: Local Assemblies Administrative Procedures *(1st Phase - Target Release July 2012)*

The Local Assemblies Administrative Procedures volume addresses the day-to-day administrative needs of local assemblies. This includes guidance/direction on structuring administrative offices within churches of varying sizes, preparing correspondence, and providing clerical, management and operational support. Additionally, supporting templates and forms are provided to aid the implementation of procedures outlined.

Volume B: Ministries/Department Procedures *(2nd Phase - Target Release July 2013)*

The Ministries/Department volume outlines the policies and procedures governing the various ministries, departments, and target groups within Mt. Calvary. This scope includes but is not limited to: Licensing & Credentials; Church Assessment; Event/Hospitality; Training & Development; Marketing/Public Relations; Growth & Development; Technology; Worship & Arts; Men's Ministry; Women's Ministry; Youth & Young Adult; and International Affairs. Content will be developed through direct collaboration with the applicable international directors and is targeted to be released during the third roll-out phase.

Volume C: Office of the Bishop & Board of Bishops Procedures *(3rd Phase – Target Release 2014)*

Volume C outlines the policies and procedures associated with the oversight and leadership of the Organization. It provides a reporting structure and a governing framework for the Office of the Bishop and his staff as well as the Board of Bishops. Content for this volume will be developed through direct collaboration with the General Secretary of the Board, Board of Bishops, and of course the Senior Bishop.

Volume D: Index of Policies *(Overarching 1st – 3rd Phases - Target Release 2014)*

Volume D simply contains a comprehensive index of all the official policies referenced in the individual volumes above. Policies are defined in this context as the governing rule, expectation, or bylaw that supports or enforces procedures, a mandate, or a requirement. Individual policies should be assigned a code for easy reference and categorized appropriately.

“LET ALL THINGS BE DONE DECENTLY AND IN ORDER” I Corinthians 15:40



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8.1.2 Sample New Member Welcome Letter Content

WELCOME to the ever-growing family of the Greater Mt. Calvary Holy Church. As pastor of the church, I officially take this opportunity to say how pleased I am that you decided to come “grow with us.” Upon joining, you are expected to attend a membership orientation session for eight (8) consecutive weeks that was designed to help you understand your membership and become more acquainted with our ministry. Through this session you will also be given guidance on how to join many of the ministries and participate in the activities available to you at Calvary. After you have completed these classes you will be celebrated during our 10:45am service with a certificate of completion.

*Please join our Director of Membership, Mrs. Monica Powell, on **Sunday, October 24, 2010 from 9:00am – 10:30am in the new member’s classroom which is located on the front side of the building on the 4th floor.** However, if for some reason you are unable to join the class on that date, enclosed you will find the complete schedule for the session. If you need further information or have any membership concerns please call her during the hours of 9:00am – 4:00pm, or you may email her at membership@gmchc.org.*

As pastor, I intend to look after your spiritual needs. Again, WELCOME to the Greater Mt. Calvary Holy Church. May the Lord bless you as you walk with Him.

He’s Worthy!

*With love I remain your shepherd...
Bishop Alfred A. Owens, Jr.*



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8.1.3 New Member Auxiliary/Ministry Declaration Form (Microsoft Excel Document included in Zip File)

New Member Auxiliary/Ministry Declaration Form	
Act II Drama Ministry	Male Chorus (Men of Valor)
Alfred A. Owens Chorale	Marriage Enrichment
Audio Ministry	Nurses Board
Cancer Support Ministry - <i>WE CARE</i>	Nursing Home Ministry
CD Ministry	Outreach Ministry (Harvest)
Celebration Choir	Parenting Ministry
Clothing Boutique Ministry	Pastor's Aid Ministry
Computer Ministry	Phase I (serving ages 2-5)
Deacon Board	Photography Ministry
Deaconess Board	Pure Girl Society
Deaf Ministry	Prison Ministry
ELECT Ministry (serving ages 18-35)	S.A.L.T. (Singles Ministry)
Ella's Kids, Inc.	Sanctuary Choir
Family Life Community Center	Security Ministry
Food Bank	Senior Missionary Board
Golden Nation - Seniors Ministry	Silent Witnesses (Mime Ministry)
GMC Bookstore	Sister's Keeper Ministry
Greeter's Ministry	S.O.N.S. (Mentoring Boys 4-14)
Harriet's Anti-Drug Ministry	S.O.W. (Women's Support Group)
Hispanic Ministry	Susie C. Owens Chorale
HIV/AIDS Ministry	Trailblazers (serving ages 6-12)
Homeless Ministry	Transportation Ministry
IMPACT Ministry (serving ages 13-18)	Usher Board
Intercessory Prayer Ministry	Video Ministry
International Ministry	Voices of Calvary
Jr. Voices of Calvary	Women of Virtue
Legal Ministry	Women's Alliance (Women's Ministry)
Liturgical Dance Ministry	
Magnificent View Magazine	

Please provide contact information below (PLEASE PRINT):

Name: _____ Phone: _____

Address: _____

Email: _____

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8.2 Appendix B: Church Ordinance Administrative Materials/Tools

8.2.1 Bereavement/Home Going Checklist (Microsoft Word Document included in Zip File)

Insert Logo	Insert Name of Church Street Address Line 1 City, State & Zip Code Insert Pastor Name, Title
Home Going Service Policies & Procedures	
Policies and Procedures:	
<p>1) _____ is the primary point of contact, which coordinates Home Going Services at _____. All requests should be directed to her and documented via the attached Home Going Request Form/Checklist.</p> <p>2) Standard format and call time for Home Going Services held at _____ include a viewing (family hour) beginning at _____ AM & service commencing at _____ AM. Exceptions are made upon request for two hour viewings (9:00 AM-11:00 AM).</p> <p>3) The front doors of the church open at 9:00 AM, unless otherwise instructed.</p> <p>4) If applicable program content/layout can be coordinated via _____ and printing conducted by the Events Department.</p> <p>5) _____ is not responsible for assisting funeral home directors with the casket until the recessional.</p> <p>6) Repasts are held in the _____ and arranged through _____ (office) _____ (cell). Family members are not charged for repasts for their deceased loved ones if he/she was a member of _____. Non-members are assessed a cost of \$1,000 per 100 persons. Checks are to be made out to _____ before the date of service (for non-members) at the discretion of _____.</p> <p>7) No outside food is allowed in the _____. Only licensed caterers are permitted to provide food. No exceptions are to be made, and this includes deserts.</p> <p>8) _____ is not responsible for the clean-up after the repasts. This is the responsibility of _____ or outside caterer.</p> <p>9) A monetary gift is appreciated for the Eulogist for non-members of _____.</p>	

Insert Name of Church Street Address Line 1 City, State & Zip Code	
Home Going Service Request Form/Checklist	
<small>Please complete and give the form to _____ form may be emailed or faxed to faxal address or 100.100.100 (fax). If you have any questions or concerns you may be reached at 100.100.0000 (office) or 100.000.0000 (cell).</small>	
Name of Deceased: (Last, First, MI) _____ Home Phone Number: _____ Cell Phone Number: _____ Date of Service: _____	Main Family Contact Person: _____ Work Phone Number: _____ E-Mail Address: _____ Services Rendered: _____ <small>By: _____</small>
ADDITIONAL FAMILY CONTACT PERSON(S): <small>Include contact info if applicable:</small>	
FUNERAL HOME CONTACT INFORMATION: <small>(Address, Phone & Fax Numbers)</small>	
Burial site location: Insert Address	
Cremation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is deceased a member of Insert Church Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, what Audiance were they active in?</small>	
Are relatives a member of Insert Church Name? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, what Audiance are they a member of?</small>	
Will a repast be served at Insert Church Name? (See guideline for repast procedure) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated number of people for repast: <input type="checkbox"/> 10 - 25 <input type="checkbox"/> 25 - 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 100 - 150 <input type="checkbox"/> 150 - 200 <input type="checkbox"/> 200 - 250	
Auxiliary Contacts: <input type="checkbox"/> Ministerial Alliance <input type="checkbox"/> Deacon Board <input type="checkbox"/> Men's Group <input type="checkbox"/> Choir <input type="checkbox"/> Staff	<input type="checkbox"/> Women's Group <input type="checkbox"/> Cantor <input type="checkbox"/> Youth <input type="checkbox"/> Children's Ministry
Check all that are needed for service: <input type="checkbox"/> Usher Board <input type="checkbox"/> Communion Board <input type="checkbox"/> Flowers <input type="checkbox"/> Security <input type="checkbox"/> Parking	<input type="checkbox"/> Audio <input type="checkbox"/> Musician <input type="checkbox"/> Programs
Death Obituary Content: Insert Text	

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8.2.2 Baptism Request Form & Certificate (Microsoft Word Document included in Zip File)

<p>Insert Logo</p> <p>Insert Name of Church Street Address Line 1 City, State & Zip Code</p> <p>Insert Pastor Name, Title Insert Co-Pastor Name, Title</p> <p>Baptism Scheduling Policies & Procedures</p> <p>Policies and Procedures:</p> <p><i>Insert local assembly policies & procedures. Suggested draft content includes but not limited to:</i></p> <ol style="list-style-type: none"> 1) _____ is the primary point of contact, which coordinates Home Going Services at _____ All requests should be directed to her and documented via the attached Home Going Request Form/ Checklist 2) Baptisms are conducted in between the 8:00 & 10:45 Morning Worship service every third Sunday of the month. 3) Baptisms are officiated by licensed ministers and require coordination with the Ministerial Alliance for scheduling. 4) At the conclusion of the Baptism ordinance, an official dedication certificate will be presented. 	<table border="1" style="width: 100%;"> <tr><td colspan="2" style="text-align: right;">Office Use Only</td></tr> <tr><td>Date Received</td><td><input type="checkbox"/></td></tr> <tr><td>Approved</td><td><input type="checkbox"/></td></tr> <tr><td>Denial</td><td><input type="checkbox"/></td></tr> </table> <p>Insert Name of Church Street Address Line 1 City, State & Zip Code</p> <p>Baptism Request Form</p> <p>Please complete and give the form to _____ form may be emailed or hand to _____ email address at _____ Cell: _____ If you have any questions or concerns who may be reached at _____ (office) or _____ (cell)</p> <p>Name of Baptism Candidate: _____ Gender: _____ City, State, Zip: _____</p> <p>Date of Birth: _____ Sex: _____ Sex: _____ M/F</p> <p>Home Phone Number: _____ Work Phone Number: _____</p> <p>Cell Phone Number: _____ E-Mail Address: _____</p> <p>PROPOSED/ SUGGESTED BAPTISM DATES: (To be completed by Pastor)</p> <p>Is candidate a member of _____ Church/Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has candidate completed or plan to complete New Members classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SCHEDULED/ APPROVED BAPTISM DATE: _____ MINISTER(S) OFFICIATING: _____ (Office Use Only) (Office Use Only)</p> <p>Special Instructions/Remarks: _____</p>	Office Use Only		Date Received	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Office Use Only									
Date Received	<input type="checkbox"/>								
Approved	<input type="checkbox"/>								
Denial	<input type="checkbox"/>								

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8.2.3 Baby Dedication Request Form & Certificate (Microsoft Word Document included in Zip File)

Insert Logo	Insert Name of Church Street Address Line 1 City, State & Zip Code Insert Pastor Name, Title Insert Co-Pastor Name, Title
Baby Dedication Policies & Procedures	
Policies and Procedures: <i>Insert local church policies & procedures. If you do not have any, insert the following:</i>	
1) _____ is the primary point of contact, which coordinates Home Going Services at _____ All requests should be directed to her and documented via the attached Home Going Request Form/Checklist	
2) Baby Dedication are conducted in the Chapel immediately following the 10:45 Morning Worship service every third Sunday of the month.	
3) Baby Dedication are officiated by licensed ministers and require coordination with the Ministerial Alliance for scheduling.	
4) At the conclusion of dedication services, an official dedication certificate will be prepared.	
5) Repasts are held in the _____ and arranged through _____ (Phone: _____) (Email: _____). Family members are not charged for repasts for their immediate loved ones if the MC has a member of _____. Non-members are assessed a cost of \$1,000 per 100 persons. Checks are to be made out to _____ before the date of service (for non-members), at the discretion of _____.	
6) No outside food is allowed in the _____. Only licensed caterers are permitted to provide food. No requests are to be made, and this includes donors.	
7) _____ is not responsible for the clean-up after the repast. This is the responsibility of _____ or outside caterer.	

Insert Name of Church Street Address Line 1 City, State & Zip Code									
Baby Dedication Request Form									
Please complete and give this form to _____ from who is either a friend or other person of 405.655.1014 (760). If you have any questions or concerns you may be reached at 405.655.1014 (760) or 405.655.1014 (760).									
Name of Baby: (Last, First, MI) _____ Date of Birth: (Month, Day, Year) _____ Family Name: (Last, First, MI) _____ Home Phone Number: _____ Cell Phone Number: _____ Email Address: _____	<table border="1"> <tr><th colspan="2">Office Use Only</th></tr> <tr><td>Date Received:</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Approved</td><td></td></tr> <tr><td><input type="checkbox"/> Denial</td><td></td></tr> </table>	Office Use Only		Date Received:	_____	<input type="checkbox"/> Approved		<input type="checkbox"/> Denial	
Office Use Only									
Date Received:	_____								
<input type="checkbox"/> Approved									
<input type="checkbox"/> Denial									
PROPOSED/SUGGESTED DEDICATION DATES: _____ To be supported by Parents: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Are parents a member of _____ Church? Name: _____ If yes, what location are they affiliated with? (City, State) _____ Are any relatives a member of _____ Church? Name: _____ (City, State) _____									
Will a host/repast be served at _____ Church? (See guidelines for repast procedures) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Anticipated number of people for repast: <input type="checkbox"/> 15 - 25 <input type="checkbox"/> 25 - 50 <input type="checkbox"/> 50 - 100 <input type="checkbox"/> 100 - 150 <input type="checkbox"/> 150 - 200 <input type="checkbox"/> 200 - 250									
SCHEDULED (APPROVED) DEDICATION DATE: _____ MINISTERS(S) OFFICIATING: _____ (City, State) _____ (City, State) _____									
Special Instructions/Request: _____									

“LET ALL THINGS BE DONE DECENTLY AND IN ORDER” I Corinthians 15:40



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8.2.4 Sample Wedding Packet & Contract (Microsoft Word Document included in Zip File)

Insert Name of Church
Wedding Contract

Date _____

This contract is to verify that _____ and _____ is scheduled for their wedding ceremony on _____, 2011 at _____. The wedding will be held at **Church Name, City, State** in the Sanctuary or another designated location other than 610 Rhode Island Ave, NE.

Prior to your wedding date the Bride and Groom must complete our Marriage Preparation Program conducted by _____ and The Marriage Enrichment ministry or an approved program of counseling offered as an equivalent. If you attended pre-marital counseling outside of **insert Church Name**, a photocopy of the certificate or letter must be attached to this contract and returned to the church 30 days before your wedding.

If you are a member of **insert Church Name** there will be no charge for the use of the sanctuary or chapel. If you are not a member of the church, please refer to the fee chart. There is a charge for **insert Church Name** Wedding Liaison of \$150.00. **insert Church Name** Wedding Liaison will contact you upon receipt of your signed wedding application for an appointment. Submit payment by Cashier Check or Money Order made payable to **insert Church Name** with your signed wedding application.

A late fee of \$100.00 must accompany your signed wedding application in the form of a money order. If your wedding rehearsal or wedding ceremony starts no more than 30 minutes late, the original money order will be returned within 10 days of your wedding date.

There is a minimum fee of \$100.00 is to be given to the officiating minister, which is to be approved by _____. (See Wedding Schedule Fee sheet) If you would like to use a minister outside of **insert Church Name**, this must be approved by _____ 30 days before your wedding. Please contact _____ at (xxx) xxx-xxxx to arrange your ceremonial conference with officiating minister, after your contract has been finalized.

The Pastor or officiating ministers are not required to attend your wedding rehearsal. Your wedding rehearsal is scheduled for _____, 2011 from _____ to _____. If you have any other requests, they must be cleared through me.

Enclosed is the contract for the Audio Services. Please contact Ludae Simay to discuss pricing and availability for Video Services.
If you have any additional questions or concerns, I can be reached at (xxx) xxx-xxxx.

“LET ALL THINGS BE DONE DECENTLY AND IN ORDER” I Corinthians 15:40



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8.3 Appendix C: Engagement Agreement/Request Forms

(Microsoft Word Document included in Zip File)

Engagement Agreement/Request Form *Insert Logo*

Travel Arrangements and Expenses

You will be responsible for two (2) airline tickets. Our office will forward to you the chosen flights for *(insert Pastors Name)* and his assistant.

- All tickets should be issued electronically and emailed or faxed to *(insert POC Name & Contact Info)*.
- We request that you arrange ground transportation for *(insert Pastors Name)* and his assistant between the airport, hotel and church/venue (if applicable).
- We request that you forward the name and cell phone number of the driver, as well as, the type of ground transportation being provided for *(insert Pastors Name)* via email to *(insert POC Name & Contact Info)* (if applicable).

Your ministry will be responsible for all travel expenses for *(insert Pastors Name)* and his assistant. In the event that our office purchases the airline tickets, an invoice will be forwarded to your ministry. **Checks for all travel invoices should be made payable to *(insert Church Name & Address)*.**

Hotel Arrangements

- You will be responsible for two (2) hotel rooms. One king should be reserved in the name of *(insert Pastors Name)* and a king nonsmoking reserved in the name of his assistant.
- Both rooms should be located on the same floor but not connected to or next door to each other.

Meals

- Drinking Preferences (Hot Tea with honey, Room temp. Bottled Water)
- (insert Pastors Name)* will go out to dinner after ministering but he does not have to be taken out to dinner. However, if you choose not to provide dinner for him, please make sure that room service is available late enough for *(insert Pastors Name)* and his assistant to order when they return to the hotel.

Engagement Agreement/Request Form *Insert Logo*

Church/Venue Details

Name of Church/Ministry _____
 Name of Pastor _____
 Address of Engagement _____
 Mailing Address (if different) _____
 Phone _____ Fax _____
 Email _____ Website _____

Contact Information

Executive/Administrative Assistant _____
 Mailing Address (if different) _____
 Phone _____ Fax _____ Email _____
 Media Director _____
 Mailing Address (if different) _____
 Phone _____ Fax _____ Email _____

Ministry Details

Requested Dates _____
 Location of Services _____
 Physical Address _____
 Occasion/Theme _____

Engagement Agreement/Request Form *Insert Logo*

This form serves to detail the engagement, or to act as an invoice as possible when it comes to your specified needs.

Please enter the data at your earliest convenience:

CHURCH/ORGANIZATION INFORMATION

Assignment Requested: (circle or X, as applies) _____ Date(s) Requested: _____
 Preaching Workshop/Seminar Choir/Praise team _____
 Name of Pastor/Minister: _____ Pastor's Assistant's Name: _____
 Church City Address: _____
 Church City/State Address website: _____
 Address of Meeting: _____

Primary Contact: Executive Pastor or Administrator Telephone (work & cell) _____
 Fax Number: _____
 Email: _____
 Ground Transportation Name & # of Driver: _____
 Name: _____ Cell: _____
 Address: _____

WORKSHOP/PREACHING REQUEST

Ministry Conference Name & Date: _____
 Ministry Conference Dates & Times: _____
 Ministry Conference Location: _____
 Fellowship Service: _____
 Ministry Conference on the following day: please circle _____
 Sun Mon Tues Wed Thurs Fri Sat _____

Other Special Requests: _____

Special Allowance: (circle one) _____
 Books _____
 Prizes/Memorabilia _____
 Gifts & Tithes _____
 Personnel _____
 Professional Services _____

“LET ALL THINGS BE DONE DECENTLY AND IN ORDER” I Corinthians 15:40