	KING ENGAGEMENT	REQUEST FORM				
139 HAMPSHIRE STREET	0 1726 FAN. (17 402 1700 TWITT	TED. @EATWAC MINISTRY FATWACMINISTRIES ODC				
CAMBRIDGE, MA 02139 VOICE: 617-49 EMAIL: <u>ftwchurch@ftwac.org</u>	12-1736 FAX: 617-492-1799 TWIT	TER: @FATWAC_MINISTRY FATWACMINISTRIES.ORG				
EMAIL. Itwenterementwae.org	Date:					
Thank you for contacting the Eaithful ar		Ministries to come and share in your event. We				
		e completed form to Evangelist Leisa E. Seaton				
Date/s of Event:						
Name of Sponsoring Church o	or Ministry:					
Pastor / Overseer:						
Contact Person:						
Address:		Email:				
City:		Phone:				
State/Province:		Zip/Postal Code:				
Country:	Website	te:				
Event Information						
Name of Event:						
Place of Event:						
Theme of Event:						
Scripture or Special Instruction	ons:					
Speaker Requested: Apo	ostle Leroy Smith	First Lady Ornett Smith				
Evangelist Leisa Seaton Prophetess Dionne Oscar						

Event Information							
Which eve	ent day/s are you	requesting speak	er for?				
Are these dates flexible? Yes No Alternative date/s:							
Start Tim	e:	End Time:		Expected	Attendance:		
Target Au	udience: Gener	ral Men	Women	Youth	Other		
Allotted t	ime for speaker:		Is eve	ent being pr	omoted? Yes No		
How is ev	vent being promo	ted?					
Is a biogr	aphy or photo be	ing requested?					
			nformation				
Please use th	he suggested reimburs		imburse speaker o Honorarium.	r for travel (gas)	expenses to and from event ir		
50 – 100 Mi	iles \$50.00						
101 – 200 M	iles \$75.00						
201 – 300 M	iles \$100.00						
Please add \$	25.00 for each additio	nal 100 Miles					
		If Ap	oplicable				
Travel	AIRLINE:	Arrival Date:		Time:	Flight #		
Itinerary		Connecting Flight:		Time:	Flight #		
		Departure Date:		Time:	Flight #		
HOTEL:		Connecting Flight: T		Time:	Flight #		
		Address:					
		City:	State	e/Pr:	Zip/PC		
		,.					
	GROUND						