



**Sandra V.**  
MINISTRIES

## BOOKING FORM

TODAY'S DATE:		DATE OF EVENT:	
TYPE OF EVENT:			
NAME OF EVENT COORDINATOR:			
NAME OF MINISTRY:			
PASTOR'S INFORMATION:			
	NAME:		
	ADDRESS:		
	CITY:		
	STATE:	ZIP:	
	COUNTY:		
HOW MANY SERVICES ARE YOU REQUESTING THE SPEAKER MINSTER:		NUMBER OF ATTENDEES EXPECTED:	
IF THERE IS MORE THAN ONE SERVICE LIST DATES AND TIME OF EACH:			
DO YOU NEED A PHOTO OF THE SPEAKER?		DO YOU NEED A BIOGRAPHY OF THE SPEAKER?	
WILL EXPENSES FOR AN ASSISTANT BE PROVIDED?		WILL TRAVEL EXPENSES BE PAID?	
WILL AN HONORARIUM BE PROVIDED?			
HOTEL INFORMATION:			
	HOTEL NAME:		
	ADDRESS:		
	CITY		
	STATE:	ZIP:	
WILL MEALS BE PROVIDED?			
NEARBY RESTAURANTS:			
WILL DR. NELSON BE PERMITTED TO SELL PRODUCTS?		MAY WE HAVE AT LEAST TWO (2) TABLES TO DISPLAY & SELL MINISTRY PRODUCTS?	
CAN YOU PROVIDE AT LEAST TWO (2) VOLUNTEERS TO HELP WORK THE TABLES IF IT BECOMES NECESSARY?			
IS THERE ANY MISCELLANEOUS INFORMATION YOU WOULD LIKE TO PROVIDE?			

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