



Event Request Form

Contact Person: _____

Phone: _____ Email: _____

Website: _____

Church/Organization Name: _____

Location of Event: _____

City/State/Zip: _____

Type of Event: _____

Theme/Scripture: _____

Date(s) & Time of Event: _____

Budgeted Honorarium: _____

Will there be other speakers? Y/N (circle one)

Allotted time for ministry: 30 | 45 | 60 minutes (circle one)

Expected Attendance: _____

Will Evangelist Golder be allowed to display and sell ministry products? Y/N (circle one)

(If yes, please provide one sales table)

Please return this form via email to ladygolder2preach@yahoo.com. Once received please allow 3-5 business days for our office to respond.

3969 Meadows Dr. Indianapolis, In 46205 Tel: 317-434-4924 E-mail: facedownprayer@gmail.com

www.wotfd.com