

Christian Tabernacle

Church of God In Christ

www.thetabcogic.org

MINISTRY BOOKING QUESTIONNAIRE

Thank you for your inquiry to have Christian Tabernacle share in your worship service. We are honored. In order to determine our availability, please fill out the following information and fax this questionnaire to the office upon completion. We are looking forward to hearing from you.

Sponsor/Host Church: _____

Sponsor/Host Church Phone: (____) _____ web address: _____

Sr. Pastor/Bishop's of Sponsor/Host Church _____

Mailing address: _____

City and State: _____

Name of Church/Venue of Event: _____

Contact

Person: _____

Contact e-mail address: _____

Contact phone number: _____

Day & Time of Event _____ Time: _____ am ___ pm _____

Type of Event: Concert _____ Revival _____ Concert _____ Banquet _____

You are requesting Eld. Keith Newton to: (x One) _____ Preach Deliverance Choir _____

Young Adult Choir _____ Christian Tabernacle Praise Dancers _____ Church Fellowship _____

This form (**completely filled out**) is necessary to consider your request. There will be at 7-14 business days turnaround for your request. Please attach any other details for consideration.

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