

FIRE School of Ministry Travel Team

Conference / Event Information Sheet

Event Information:

Conference / Event Dates: _____ Title: _____

Ministry hosting conference / event: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Location of event: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Expected audience size and demographics:

Pastors: _____ Lay leaders: _____ Youth: _____ Children: _____

General Public: _____ others: _____ Total attendance: _____

Ministry:

Please check the following ministries you would like FSM to provide:

_____ Worship team _____ Drama _____ Evangelism
_____ Testimonies _____ Preaching _____ Altar Ministry

Dates for FSM ministry:

Type of service: _____ Date: _____ Time scheduled: _____

Type of service: _____ Date: _____ Time scheduled: _____

Type of service: _____ Date: _____ Time scheduled: _____

Type of service: _____ Date: _____ Time scheduled: _____

Servanthood: (please describe)

Team Accommodations:

____ Host homes ____ Dorms ____ Hotel ____ Other

Meals provided ____ Breakfast ____ Lunch ____ Dinner

Approximate number of students you wish to accommodate on FSM Team _____

Contact person on accommodations: _____

Logistics:

Please specify availability of the following items:

Power Point ____yes ____no Video Projector ____yes ____no

 Six-foot table ____yes ____no

Will this event be:

Audio taped ____yes ____no

Video taped ____yes ____no

Yes, we will allow you to:

____ Promote FIRE School of Ministry from the pulpit.

____ Set up a FIRE School Of Ministry display.

Distance from Charlotte NC: _____ Closest major city: _____

Vision & Expectations:

Do you have any other expectations of our team that are not listed above?

Please state your mission statement or vision for this event:
