

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)
