

Date:

Speaker Request Form

Event:

Contact Information			
Name			
	Cell Phone		
Address			
Email Address			
Event Information			
Event Name	Sponsor		
Event Theme	Venue/Location		
Fundraising Event: Yes No			
Event Address			
Message Topic	Format of Message		
Event Schedule			
Number of Message(s)	Length of Message(s)		
Host Name	Host Phone Number		
Event Summary			
Link to event website			
Event Hashtag	Event Time(s)		
Event Description (please use space below)			

Arrival/Tra	avel Provis	sions					
Arrival Location	on & Time _						
Suggested Ho	tel Reservat	ion					
Weather & Se	ason						
Audience I	Informatio	on					
Audience:	Christian	Pastors	Secular	Youth	College	Other	
Projected Nu	mber of Atte	ndees		Ages		Men	Women
Other							
Music/Worsh	ip Leader						
Additional Sp	eakers/Topio	cs					
Recording Ca	pabilities:	Video A	udio N	lone			
Microphone A	Availability:	Handheld	Lav	Over one e	ear Ove	r two ears	Podium
Product Sales	;						
Honorarium (Offered						

Please complete this form and return to joyh@saddleback.com $_{\it page\ 2\ of\ 2}$