

CHURCH MINISTRY PROFILE REQUEST

Pastor Marvin Winans thanks you for your invitation to share in ministry. Please complete this form and return it with a formal letter of invitation. Pastor Winans schedule will only allow him to share in ministry one (1) day. When requesting a date, please note that his schedule will not allow time to accept dates on a Sunday, Tuesday or Saturday. This form is a request for information only and should not be considered a confirmation. Please allow at least 10 weeks for a reply. Thank you.

CHURCH INFORMATION		
Pastor/Host Name:		
Church/Organization Name:		
Address:		
City:	State: Zip	:
Telephone:	Fax:	
Office Hours:		
Church/Organization Length of existence:		
Average attendance at Sunday Worship Service:	(AM)	(PM) Mid-week service attendance:
MEETING INFORMATION		
	<u> </u>	
Meeting Coordinator:		
_		per, i.e. pager or cell phone:
Telephone Number:	Alternate phone numb	per, i.e. pager or cell phone:
Telephone Number:E-mail Address:	Alternate phone numb	per, i.e. pager or cell phone:
Telephone Number:E-mail Address:	Alternate phone numb	per, i.e. pager or cell phone:
Telephone Number: E-mail Address: Requested day and date of ministry:	Alternate phone numb	per, i.e. pager or cell phone:
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting:	Alternate phone numb	per, i.e. pager or cell phone: Time:
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting: Conference	Alternate phone numb	oer, i.e. pager or cell phone: Time: Convention
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting: Conference Church Service	Alternate phone numb	oer, i.e. pager or cell phone: Time: Convention
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting: Conference Church Service Theme:	□ Banquet □ Anniversary	Time: Convention Other
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting: Conference Church Service Theme: Special topic requested? Yes No If yes please list:	□ Banquet □ Anniversary	Time: Convention Other
Telephone Number: E-mail Address: Requested day and date of ministry: Type of meeting: Conference Church Service Theme: Special topic requested? Yes No If yes please list: Venue Address (if different than church):	□ Banquet □ Anniversary	Der, i.e. pager or cell phone: Time: Convention Other

Please complete this form and return along with a letter of invitation, your ministry Statement of Faith, and any other information on your church/ministry or organization. Please note that this request cannot be considered if any of the requested information is not submitted.

Please return all correspondences to: Perfecting Church

Attn: Senior Pastor's Office 7616 E. Nevada St. Detroit, MI 48234 Fax: 313.365.1186

E-mail: ministryrequests@perfectingchurch.org