



## GREAT COMMISSION GLOBAL MINISTRIES - Ministry Engagement Request Form

**Requesting the ministry service of:**     Bishop David Perrin                       Pastor Abraham Don D. Massey  
 Pastor James Graham, Jr.                       Other \_\_\_\_\_

General Information			
Pastor/Ministry Leader's Name		Title	
Daytime Phone (     )	Evening Phone (     )		
Event Coordinator's Name		Title	
Daytime Phone (     )	Evening Phone (     )		
Mobile Phone (     )	Fax (     )		
Pager (     )	Email Address		
Church/Organization			
P.O. Box Address (if applicable)			
Street Address			
City	State	Country	Zip Code

Ministry Event	
Event/Occasion:	Theme:
Objective:	
Mode of Dress: <input type="checkbox"/> Casual <input type="checkbox"/> Semi Formal <input type="checkbox"/> Formal (Black Tie) <input type="checkbox"/> Other _____	
Event Location/Address	
Contact Name at Event:	Contact Phone at Event:

Type of Ministry Requested
<input type="checkbox"/> Preach <input type="checkbox"/> Conduct Workshop <input type="checkbox"/> Revival/Crusade <input type="checkbox"/> Other (specify) _____

Date and Time of Event <i>(Please attach ministry itinerary)</i>							
Day of the week	Date	Time(s)	Ministry Session/Workshops per day				
Sunday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Monday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Tuesday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Wednesday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Thursday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Friday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	
Saturday			<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Other	

<b>Alternate Date(s):</b>	1	2	3
---------------------------	---	---	---

**Travel and Accommodations Arrangements:**

Due to the vast amount of travel done by GCGM, we reserve the right to make all travel arrangements and hotel accommodations. In turn, we would ask the host ministry to either pre-pay or reimburse these expenses. Please know that GCGM is committed to good stewardship. Charges billed to the host ministry would be fair and reasonable.

Honorarium Method
<input type="checkbox"/> Love Offering <input type="checkbox"/> Honorarium/Stipend <input type="checkbox"/> Other (specify) _____

Completed by (please print):	Date	Phone (     )
Signature of Pastor/Ministry Leader	Date	Phone (     )

**Mailing Address:**  
 P.O. Box 780609 ~ Orlando, FL 32878-0609 USA  
**Office:** (404) 601-0696 ~ **Fax:** (866) 242-9325 ~ **Email:** gcgm@gcgm.org ~ **Visit our web site at** www.gcgm.org  
 The Lord Jesus Christ, Head ~ Bishop David T.P. Perrin, Ph.D., President ~ Pastor Abraham Don D. Massey, Vice President  
 MIN-MERF-R092605