



Cathedral of Praise International Ministries

Bishop Craig W. Johnson, Visionary/Senior Pastor

MINISTRY MEETING REQUEST FORM



PLEASE SUBMIT FOR PROCESSING **30** DAYS PRIOR TO NEED BY DATE. THIS FORM MUST BE SIGNED BY A PASTOR.
All Pertinent Information Must Be Provided for Processing

SECTION ONE: General Ministry Information

Ministry Name:

Meeting Date (One Time Meeting):

Meeting Time:

Meeting Start Date (Occurrence Meetings):

Meeting Time:

Meeting Occurrence (check one): Weekly Every Other Week Twice a Month Monthly
 Quarterly Yearly

Meeting Day of the Week: Sunday Monday Tuesday Wednesday Thursday Friday
 Saturday

Ministry Pastor:

Phone#:

Email:

Ministry Lead #1:

Phone#:

Email:

SECTION TWO: Meeting Information (Brief description of the Meeting Type)

SECTION THREE: Off-site Meeting Location Details

Please provide address:

Additional Notes:

Ministry Coordinator Signature:

Date:

Pastor Signature:

Date:

Please submit request to forms@copim.org