



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
All Pertinent Information Must Be Provided for Processing

SECTION ONE: General Ministry Information

Ministry Name:

Meeting Date (One Time Meeting):

Meeting Start Time:

End Time:

Meeting Start Date (Occurrence Meetings):

Meeting Start Time:

End 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 Stream Coordinator:

Phone#:

Cell phone? Yes or No

Ministry Coordinator:

Phone#:

Cell phone? Yes or No

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

SECTION THREE: Off-site Meeting Location Details

Please provide address:

Additional Notes:

Pastor Signature:

Date:

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