 **Event / Preaching Request Form**

**Oklahoma Area Episcopal Office**

CONTACT INFORMATION:

Church/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person / Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office / Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

EVENT INFORMATION:

Requested Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Preferred Date: \_\_\_\_\_\_\_\_\_\_\_

Worship / Event Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Service Time: \_\_\_\_\_\_\_\_\_\_\_\_

Requested participation of Bishop: (circle one) Preaching Guest Speaker Other

If Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Robe required? (circle one) No Yes If Yes, Stole Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, appropriate attire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communion? (circle one) No Yes If Yes, is Bishop to preside? No Yes

Date Scripture / Sermon Title needed by for bulletin printing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOGISTICAL INFORMATION:

A/V Availability: (circle one) No Yes If Yes, Projector DVD Other: \_\_\_\_\_\_\_\_\_

CCLI Licensed for film clips? (circle one) No Yes

ADDITIONAL INFORMATION:

Please provide any additional information that would be helpful.

Please return this completed form to Joe Harris at jharris@okumc.org or to Pam Weatherford at pweatherford@okumc.org or mail to either at 1501 NW 24th Street, Oklahoma City, OK 73106-3536