

# LADY MALINDA P. SAPP MINISTRIES



Lighthouse Full Life Center Church  
600 Burton St. SE  
Grand Rapids, MI 49507  
Office: (616) 241-5448  
Fax: (616) 241-5352  
Email: jones@great.com

## MINISTRY BOOKING REQUEST

Thank you for your inquiry to request Lady MaLinda P. Sapp. We are truly honored for this extended opportunity to worship with you. We look forward to hearing from you.

### Ministry/Host Information

Name of Ministry/Host: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sr. Pastor: \_\_\_\_\_ Ministry Affiliation: \_\_\_\_\_

Church/Host Website: \_\_\_\_\_

Contact Person/Event Coordinator: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### Event Information

Type of event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Location City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### Ministerial Information

Will an honorarium be given: yes / no (circle one)

Will you expect Lady MaLinda P. Sapp to raise an offering at the conclusion of the ministry event: yes / no

**\*Please fill out this form completely. It is necessary to consider your request. There will be at least a 7-14 business day turn-around for your request. Please attach any other details you feel we may need in considering your request.**

For Office Use Only:

Date Submitted - Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Different Date Available: \_\_\_\_\_

Thank you again for considering our ministry!