

DR. MARVIN L. SAPP MINISTRIES



Praise Place Music Group
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Grand Rapids, MI 49507
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MINISTRY BOOKING REQUEST

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 - Fees for music engagements vary on event and whether track date or concert.

Requesting Dr. Sapp to - PLEASE CIRCLE ONLY ONE: **PREACHING** **3 OR 4 SONGS** **FULL CONCERT**
Type of event: _____ Estimated Attendance: _____
Location City: _____ State: _____ Zip Code: _____
Date(s) requested: _____ Time: _____ am/pm

Ministerial Information for Preaching Events ONLY - Average honorarium no less than \$3,500.

Will an honorarium be given: yes / no (circle one) Suggested Amount: _____
If no, what is the minimum love offering gift to be presented to Dr. Marvin L. Sapp: _____
Will you expect Dr. Marvin L. 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!