



ED JEFFRES MINISTRIES



ENGAGEMENT INFORMATION FORM

*Please complete this form and return to edjeffresministries@yahoo.com
No later than one week prior to scheduled engagement

Host Ministry: _____ Ministry Address: _____
 Senior Pastor: _____ City/State/Zip: _____
 Spouse: _____ Telephone: _____
 Email Website: _____ Fax: _____

LOCATION OF EVENT/PROGRAM

Address: _____ Coordinator: _____
 Program/Event will be held (Day, Date, and Time): _____
 Theme of program/event: _____ Type of program/event: _____
 Program Event Colors: _____ Number of time to speak: _____
 Attire (please check all applicable): Full Vestments _____ Robe _____
 Suit _____ Business Casual _____ Jeans Casual _____
 Allotted speaking time: _____ Time to be up on Schedule _____

TRAVEL INFORMATION:

Departure _____ Return _____
 Airline Carrier: _____ Airline Carrier: _____
 Flight Number: _____ Flight Number: _____
 Departure City & time: _____ Departure time: _____
 Arrival City & Time: _____ Arrival Time: _____
 Confirmation Number: _____ Confirmation Number: _____

DRIVER INFORMATION:

Name: _____ Telephone: _____

HOTEL ACCOMODATIONS:

Hotel: _____ Confirmation Number: _____
 Address: _____ Distance from Airport: _____
 Phone & Fax: _____ Present weather conditions: _____

ADDITIONAL INFORMATION: