

ISRAEL BAPTIST CHURCH OF BALTIMORE CITY  
Rev. H. Walden Wilson, II  
Pastor

FELLOWSHIP MINISTRY EVENT REQUEST FORM  
Sister Debbie Jones, Ministry Servant

Today's Date \_\_\_\_\_

Ministry \_\_\_\_\_

Ministry Leader \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Type of Service/Event \_\_\_\_\_  
(i.e. Worship Service, Annual Day, Revival, Dinner, Banquet, Outdoor Service, Etc.)

Date(s) \_\_\_\_\_ Time \_\_\_\_\_

Which division do you need for your service/event (please check all that apply)

Senior Ushers \_\_\_\_\_ Youth Ushers \_\_\_\_\_

Nurses \_\_\_\_\_ Courtesy Guild \_\_\_\_\_ HIV \_\_\_\_\_

Special Guest(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you need reserved seating/special seating arrangement \_\_\_\_\_

\_\_\_\_\_

Does the speaker have preference for special refreshments \_\_\_\_\_

\_\_\_\_\_

(i.e. Hot Tea, Pepsi, Water with Lemon, Etc.)

Are there special colors for your service/event \_\_\_\_\_

WE LOOK FORWARD TO SERVING AND MEETING YOUR NEEDS.