

◆◆ Booking Questionnaire for Pastor Paulette ◆◆

Today's Date: _____ - _____ - _____

Contact Name: _____

Tel: (____) _____ Cell: (____) _____

E-mail: _____

Ministry/Organization: _____

Pastor: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: (____) _____ Web address: _____

Is your church covered by an organization? No Yes

If yes, what organization? _____

Date you're requesting? _____ - _____ - _____ 2nd choice/alternate date is... _____ - _____ - _____

Time of service/event? _____:_____ am pm

What time would Pastor Paulette be expected to minister? _____:_____ am pm

List theme and/or scripture reference? _____

Is the service/event going to be held at the above location? No Yes

If no, where will it be held? _____

What is the seating capacity? _____ Expected attendance? _____

Is there a charge or registration fee for this event? No Yes

If yes, how much? \$ _____

Are you looking for Pastor Paulette to... Preach Facilitate a workshop or seminar

Do you have an allotted budget for an honorarium? No Yes

If yes, what is that amount? \$ _____

Would you like Pastor Paulette to minister the altar call? No Yes

Would you like her to lift a special seed offering? No Yes

Is Pastor Paulette allowed to sell ministry product/merchandise at the event? No Yes

Will the event be recorded by any of the following? CD DVD

How did you hear about this ministry? _____

Pastor Paulette Ministries may require 2 to 4 roundtrip flights + 1 to 3 hotel rooms.

Please list the number of flights _____ & hotel rooms _____ your ministry would be able to supply.

Submit this form to Pastor J. Marshall via fax: 617.436.4687 or email: Admin@PastorPaulette.org

**Thank you for your interest in Pastor Paulette Ministries!
We pray her schedule will allow us to worship with you in the near future.**

Admin Use Only	Recv'd _____ - _____ - _____ @ _____:_____ am pm via <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email by _____
	Church Cal. Clr: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ PP Cal. Clr: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____
	<input type="checkbox"/> Decline <input type="checkbox"/> Accept w/terms: _____ flights _____ rooms ◆ Honorarium: \$ _____ + _____ %
	Notes: _____
	Reviewed by Pastor Paulette on _____ - _____ - _____ x _____
M.A. sent: _____ - _____ - _____ by _____ Recv'd back _____ - _____ - _____ via <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email by _____	

*This form does not guarantee availability nor commitment from Pastor Paulette and/or her ministry.