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Speaking Engagement Form For Pastor Roscoe D. Robey

Please complete and return this form via mail, fax, or email with all the following information provided. Timely and detailed responses assist in our scheduling process. Thank you.

Organization _____

Name of Location _____

Location Address _____

Primary Contact _____ Phone _____

Event Date(s) _____ Start Time _____ End Time _____

Arrival Time _____ Allotted Speaking Time _____

Event Type (please check all that apply):

Keynote Speaker Workshop Leader Facilitator Retreat Other (Please Specify) _____

Event Theme _____ Number of Sessions _____

General Age Group of Attendees _____ Approx. Attendance _____

Specific Topic to be Addressed _____

Appropriate Attire Formal Business Casual Casual

Event Type (please check all that apply)

Conference Funeral Wedding Meeting Bible Study Other (Please Specify) _____

For Internal Use Only

Date Request Received _____

Church Calendar Clear	Yes	No
Event Scheduled	Yes	No
Confirmation Sent	Yes	No
Copy given to Pastor Robey	Yes	No

Requested processed by _____ Date _____