LAZARUS EVENT REQUEST FORM return to office@lazarustrust.com

(Please complete * as much as you know at this stage. Further details can be provided later)

1. Inviting Church/Organisation

Church/Organisation Name*:

Senior Leader's Name*:

2. Contact Person Contact name*:

Position*:

Contact email*:

Contact phone*:

3. Event Details Event Title:

Event Description*:

Number of Congregations Involved*:

Expected Number of Attendees*:

Event Street Address:

What is the capacity of the event facility?

Please list any other speakers if invited:

Host Homes Available? Yes / No Rosemary sometimes travels with Lazarus-trained Prayer Ministers. Would host homes be available for these individuals?

4. Requested Dates

Event start date*:

Event end date:

Are your dates flexible? * Yes / No:

5. Connection with *Lazarus*

How did you hear about us? *

Please give a brief description of your ministry, as well as what you feel our ministry would contribute to your vision*:

6. Additional Information

Will you be charging a set fee for the event, or taking an offering?

The Trustees would draw your attention to the fact that remuneration for Rosemary's ministry constitutes her income as well as covering ministry costs. We ask that you consider responsibly contributing to the continuation of this ministry. However, no service is refused solely for financial reasons, so if this causes difficulty, please discuss the matter frankly with Rosemary.

7. Transportation Information

Please confirm you will additionally be responsible for travel costs (airline ticket or 45p per mile by car) as applicable:

Trustees for Lazarus Healing Trust

Registered UK Charity No: 1082009