

*Kindred Joy Ministries  
Ministry Requisition for Rita Springer*

**Contact Information:**

Name \_\_\_\_\_

Church/Pastor's Name \_\_\_\_\_

Staff Position \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Event Information:**

1) Describe the event that you are requesting Rita to participate in (nature of event, location, number of people, etc.).

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2) List the proposed dates of your event, with two alternates if possible.

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3) How did you hear of Rita's ministry?

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4) Why are you interested in having Rita be a part of your event?

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*Please print, fill out, and fax to:*

*Kindred Joy Ministries \* PO Box 2397 \* Huntersville,, NC 28070 \* 704-992-0067 - fax*