

MINISTRY SPEAKING ENGAGEMENT BOOKING FORM

Presented by Kingdom City Worship Center & Wynning Experience

Pastor Robbye Wynn Nicholson

Please complete all fields to help us prayerfully and professionally respond to your request.

CONTACT INFORMATION

Name of Requestor: _____

Church/Organization Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

EVENT INFORMATION

Event Title/Theme: _____

Event Type:

☐ Church Service ☐ Conference ☐ Women's Event ☐ Youth Event

☐ Leadership Training ☐ Marriage Ministry ☐ Other: _____

Event Purpose/Focus:

Event Date(s): _____

Event Time(s): _____

Location/Venue Name: _____

Venue Address: _____

Expected Attendance: _____

Requested Message Topic or Theme (if any):

Event Attire (e.g., casual, business, formal): _____

Will there be other speakers/ministers? ☐ Yes ☐ No

TRAVEL INFORMATION

Nearest Major Airport (if applicable): _____

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Will travel expenses be covered? ☐ Yes ☐ No

Travel Arrangements: _____

Travel Date: _____

Travel Time: _____

Departure/Arrival City or Airport: _____

HONORARIUM OR SEED OFFERING

Will an honorarium be provided? ☐ Yes ☐ No

If yes, disclose amount: _____

☐ Optional Seed offering 50/50 Split ☐ Please Specify Below

Please specify amount or expectations if applicable:

ADDITIONAL NOTES OR SPECIAL REQUESTS:

Please allow up to 5-7 business days for a response.

For inquiries, email: robbyewynnnicholsonministries@gmail.com

Website: kingdomcityworshipcenter.com

Ministry rider sent upon request.

Signature of Requestor: _____

Date: _____