Engagement Detail Form

(Pastor Emanuel Cleaver III, D. Min.)

*Thank you for inviting Pastor Cleaver to share his gifts with you. For clarity and accuracy, please review and complete the information below. Please return this form at least 30 days prior to the event date. Forms can be emailed to the attention of Tracy Milsap at* *tmilsap@sjumckc.org**.*

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| **Name of Event/Purpose:** |  |
| **Event Date(s) and Time(s):** |  |
| **Event Location:** |  |
| **Audience:** (Clergy, laity, staff, combination, etc.) |  |
| **Expected Service:**(Preach, lecture, facilitate, Number of presentations, etc.) |  |
| **Equipment Availability:**(Internet, projector, screen, etc.) |  |
| **Pastor/Ministry Leader****Church Information:** |  |
| **Dress Requirement:** |  |
| **Theme:** (Focus, Scripture, color, liturgical season, etc.) |  |
| **Honorarium Amount:** |  |
| **Contact Person (s):** |  |
| **Flight Information:** (Please work out details with T. Milsap) |  |
| **Ground Transportation Information:** (Escort name, driving company, cell number, airport pickup location) |  |
| **Hotel Information:** (Name, address, telephone, conf. #) |  |

**Should additional questions, concerns or changes arise, please contact Tracy Milsap, Executive Assistant immediately at 816.802.8231. Thank you.**