

Event Request Form

GENERAL INFORMATION

Organization Name:		
Event Coordinator:	Title:	
Daytime Phone: () -	Fax: () -	
Mailing Address:	Email Address:	
City:	State:	Zip Code:

EVENT

Event/Occasion:	Theme:
Event Location:	Seating Capacity:

Requirements (for Productions only):

- Separate Men & Women's Dressing Rooms
- Refreshments Room
- Sound Equipment
- Microphones
- Lights

TYPE OF SERVICES REQUESTED

- Production
 Seminar/Workshop Speaker
 Conference Speaker
 Other (specify) _____

Date(s): _____ Start Time: _____

Circle Day(s): Sun Mon Tues Wed Thurs Fri Sat

Alternate Dates: _____

Audience Profile: Men Women Youth Professionals Leaders (Please circle all that apply)

Will there be marketing & promoting for the event? _____ Display table allowed? Yes No

Method of Advertising: Flyers Postcards Radio Newspaper TV Email Churches

PAYMENT METHOD

- Honorarium
 Flat Fee \$ _____
 Percentage of Ticket Sales % _____ (ex. Fundraiser)

Will tickets be sold? Yes No Cost of Tickets: \$ _____

How did you hear about us? _____

Thank you for your interest in Campton Productions LLC. Upon receipt and review, a follow up call will be made to advise as to whether or not we will be able to honor the request. We welcome the opportunity to share with you!

Gina Edwards, President

Campton Productions LLC is a ministry of gospel musicals/plays, novels and sound tracks