

The Whosoevers: BOOKING REQUEST FORM

Please till out the below:			Keceivea:	
Speaker(s) Requested:				
Date Requested:				
Lo	cation/Venue	Information		
Venue Name:		Venue City:		
Address:				
Phone:	Website:			
<u>Event Contact</u>				
Name:				
Phone :	Email:			
Event Schedule	/Information (*please attach schedule)		
Topic/Theme:S	tart/End Time: _			
> Will there be other speakers or musicians? Please list				
Number of people expected?Age Range & Gender Ratio :				
How will you be promoting the event?				
> Event Info/Website:				
Type of Event: (circle one please)				
Middle School or High School Rehabilitation or Recove	ry Center	Youth Event or Concert	Church Service or Other	
Additional Questions: YES or NO				
> Is this event open to public?				
Can we promote on social media?				
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Will you be filming? Will it be live streamed?				
Can we take photos and film?				

Please attach the event schedule and promotional materials for our approval

Thank you! The Whosoevers Team