

CONFIRMATION/AGREEMENT

Day of the Week _____ Date _____ Time _____

1. ORGANIZATION REQUESTING THE TOMES BROTHERS:

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

2. PERSON WHO WILL BE IN CHARGE OF THE EVENT:

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

3. LOCATION OF THE EVENT: _____

4. TYPE OF SERVICE: WILL TOMES BROTHERS BE RUNNING THE SERVICE? _____

_____MORNING WORSHIP _____ EVENING SERVICE _____ EVANGELISTIC

_____YOUTH RALLY _____ CONCERT _____ BANQUET

_____OTHER (Describe) _____

5. AUDITORIUM CAPACITY: _____ **EXPECTED ATTENDANCE:** _____

6. HONORARIUM: FREE WILL _____ **GUARANTEE \$** _____

7. TRAVEL DIRECTIONS: (use separate sheet if necessary) _____

8. NAME OF PERSON COMPLETING THIS FORM: _____

NOTE: PLEASE COMPLETE THIS FORM AND RETURN AS QUICKLY AS POSSIBLE. UPON RECEIPT OF THIS FORM BY TOMES BROTHERS MINISTRIES, THE EVEN WILL BE OFFICIALLY CONFIRMED.