



PO Box 378, Mount Hope ON LOR 1W0
Phone: 905.592.1688 **USA:** 813.433.1835
www.awakenations.org info@awakenations.org

Invitation Form for Glenn & Lynn Bleakney

Complete and return this form along with a formal letter of invitation. Please include as many details as possible. Your letter of invitation can be mailed, or faxed to our office. Once your invitation has been received, Pastor Glenn and Lynn will prayerfully consider your request and someone from our office will be in touch with you.

Today's Date: _____ Invitation for: Glenn Lynn Both

CHURCH/MINISTRY INFORMATION: **Office Hours:** _____

Church/Ministry/Event Name: _____

Church Mailing Address: _____ City/State/Zip: _____

Church Physical Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Church Web Address: _____

Denomination: _____ Total # of Adults in Congregation: _____

Sr. Pastor's Name: _____ Spouse: _____

Church Contact Name/Title: _____

Phone: _____ Email: _____

List times of regular weekly services: _____

INVITATION INFORMATION

Dates you are requesting: _____

Times of requested service(s): _____

Would you be open to a week-day? _____ If yes, which day(s): _____

Meeting Format:

Main Services Retreat Conference Camp meeting Youth Service Other

If Retreat, Conference or Camp meeting, will there be other speakers: Yes No

If Yes, list other speakers: invited: _____

Expected adult attendance: _____

ADDITIONAL CHURCH INFORMATION:

Nearest Commercial Airport to Venue: _____

Drive time to meeting: _____

What is the set honorarium for this invitation: _____

Our church/ministry is prepared to cover travel expenses, accommodation and receive a love offering for this invitation.

Should you have any questions, please contact us at 905-592-1688 or 813.433.1835 or info@awakenations.org.

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

Awakenations Ministry
PO Box 378
Mount Hope,
ON LOR 1W0
info@awakenations.org