

## VISITING MINISTRY INFORMATION Instructions: Please complete and return the Love City Church visiting Ministry Information Form to: Email: info@lovecity.church U.S. Mail: Love City Church, 521 N. Main St., Gloversville, NY 12078 Speaker/Guest Name: Date(s) of Ministry Fax # Name of Ministry: **Home Telephone** Cell Telephone Office Telephone Mailing Address: City: State: Zip: **REQUIRED INFORMATION** Is the ministry Tax Exempt? If yes, Tax ID # Social Security # ☐ Yes No Name (as it will appear on honorarium) Will accept free-Set Fee Amount W-9 Form: will offering? Please complete and return the W-9 form ☐ Yes □ \$\_\_\_ attached No TRAVEL INFORMATION Would you like LCC to make your travel arrangements? Will you have someone traveling with you? ☐ Yes П Yes No No Name: Relationship: Airfare policy for guest speakers: LCC will provide coach airfare for you and your spouse for flights booked 21 days in advance at SuperSaver rates. Any over-charge amounts will be the responsibility of your ministry. For a private plane or charter, LCC will reimburse your actual expenses, not to exceed \$1,500. **MINISTRY MEDIA and PRODUCTS** Will a media If yes, please Will you be using other media, such as a USB flash drive, CD, DVD, complete the Guest table be PowerPoint Slides, ProPresenter, etc. as a part of your ministry? required? Speaker Media Table Information Form on ☐ Yes ☐ Yes Type of media: reverse/next page. □ No If "Yes", be sure to arrive 30 minutes early so that the Creative Director can work with you to test/set-up PRIOR to the start of service. LCC Dress Code: Business casual Men: Collared or mock turtle neck shirt, dress slacks or nice denim pants, closed shoes. Women: Blouses with slacks; modest dresses (length to the knees), closed shoes or sandals with back straps LCC Host Pastor: Form Completed By:

## **Guest Ministry/Speaker - Media Table Information Form**

Speaker/Guest Name:					Date(s) of Ministry			
Will the products/materials be shipped ahead of your arrival? If yes, please send them no more than one week in advance of your ministry date.							☐ Yes	
How many 8-foot tables will you need?								□ No
How many workers will be required to attend the table?								
Will the workers be setting up your materials for you?								☐ Yes
Will you provide the workers with instructions?							□ No □ Yes	
Will you accept credit cards for payment? If so, do you accept?								□ No
							☐ MasterCard	
How will your materials be priced?							<ul><li>☐ Individual</li><li>☐ Price sheet</li></ul>	
To whom should persona	al checks be m	ade?						•
Other information you we	ould like to sha	are with us						
			LCC OFFI	CE IIIO	E			
Instructions: Complet	te the followi	ng section if				tation, hou	using or h	andle the guest's media.
Ground Transportation	n		Renta	al Car				
Identify Who Will Pick up/Transport								
		Identi	fy Who Will Pi	ick up/	Trans	port		
Airport Arrival	Return to A		fy Who Will Pi Local Transpo	•			Transpor	tation to Services
Air Transportation:	Return to A	irport	Local Transpo	ortatio	n		Transpor	
-	Return to A		•	ortatio			Transpor	tation to Services  Airline
Air Transportation:	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation:	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation:  City  Departure	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation: City Departure Arrival	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation: City Departure Arrival	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation: City Departure Arrival	Return to A	irport	Local Transpo	ortatio	n		Transpor	
Air Transportation: City Departure  Arrival  Return  Special Needs:		irport	Local Transpo	ortatio	n		Transpor	
Air Transportation: City Departure  Arrival  Return  Special Needs:		irport	Local Transpo	ortatio	ht#	Seat #	Transpor	Airline
Air Transportation: City Departure  Arrival  Return  Special Needs:  Media Name of Individual(s) Res		irport	Local Transpo	ortatio	ht#		Transpor	Airline
Air Transportation: City Departure  Arrival  Return  Special Needs:  Media Name of Individual(s) Res  Housing:		irport	Local Transpo	ortatio	ht#	Seat #	Transpor	Airline  Confirmation Date/By:
Air Transportation: City Departure  Arrival  Return  Special Needs:  Media Name of Individual(s) Return  Housing:	sponsible	Date	Local Transpo	ortatio	ht#	Seat #	Transpor	Airline  Confirmation Date/By: - Check Out Date:
Air Transportation: City Departure  Arrival  Return  Special Needs:  Media Name of Individual(s) Return  Housing: Hotel  Condo:	sponsible	Date	Local Transpo	ortatio	ht#	Seat #	Transpor	Airline  Confirmation Date/By: - Check Out Date: Check Out Date: