RCCG AGAPE HOUSE OF WORSHIP THANKSGIVING REQUEST FORM

Please print all information clearly.

Today's Date

Name	
Contact	Email:
Information	
	Phone #
Date Requested	
(2 nd -4 th Sunday of	
the month)	of the Theologicia of
What is the occasion of the Thanksgiving?	
Church Office Use Only	
Pastor's Approval:	
Date scheduled for Thanksgiving:	
Date contacted:	