

Invitation & Authorization Form
P.O. Box 794 Ocoee, FL 34761
PHONE: (407) 877-5970 * FAX: (407) 614-4360

Today's Date: _____ Speaker Requested: _____

Date(s) of Ministry: _____ Service Time(s): _____

Ministry Schedule

Requested Ministry Times(s) (services, workshops, etc.): _____

Time Zone (EST, CST, MST, PST): _____

Service Type (conference, regular): _____

Specific Theme or Topic you would like to be covered: _____

Other scheduled guest speakers and their ministry time(s): _____

Types of Advertising Planned: _____

What guest ministries have ministered at your church? _____

Meeting Facilities

Host Church/ Organization: _____

Phone: _____ Ext: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical Address: _____
(Street) (City) (State) (Zip)

Ministry Web address: _____

Meeting Coordinator: _____ Work Number: _____

Home Telephone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Pastor/Host: _____ Spouse's Name: _____

Pastor/Host Cell: _____ Email: _____

Location of meeting if different from above: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax: _____

Expected Event Attendance: _____ Facility Maximum Occupancy: _____

Average Sunday Morning Service Attendance: _____

Average Mid-week Service Attendance: _____ Other Service Average Attendance: _____

Honorarium

*Senior Directors/Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: Only the Senior Pastor may approve this section.***

It is up to the discretion of the Senior Pastor/Host Church as to the amount of Honorarium that will be sown into Carlos Sarmiento Ministries from that offering. Please make check payable to Carlos Sarmiento Ministries.

APPROVAL BY: _____
(Senior Pastor Only)

Travel Expenses/ Ground Transportation

*Senior Directors/ Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: only the Senior Pastor may approve this section.***

The Orlando House of Prayer requests that the Host Venue provides two (2) coach round-trip airline ticket for this conference or speaking event. If the Host Venue is close enough for ground transportation, the Host Venue will be asked to reimburse Carlos Sarmiento Ministries according to the IRS Non-Profit per mile allowance for the round-trip expense (.52 cents). Reimbursement for travel will be invoiced to the Host Venue and will need to be paid separately (by check) from the honorarium. Please make reimbursement check payable to: Carlos Sarmiento Ministries.

APPROVAL BY: _____
(Senior Pastor Only)

Accommodation Expenses

*Senior Directors/Pastors: Please read and approve this section. Please contact our office with any questions or concerns. **Please note: only the Senior Pastor may approve this section.***

Carlos Sarmiento Ministries requests that the Host Venue provides sufficient housing for Carlos Sarmiento/OHOP Ministry team. Carlos prefers a hotel. The Ministry team can be housed in homes of Ministry members or hotel.

APPROVAL BY: _____
(Senior Pastor Only)

Audio/Video (please circle one)

Will the services be audio taped? Yes / No

Is a wireless microphone or headset microphone available? Yes / No

Are both a projector and a computer available to run a DVD Promo before and after each service? Yes / No

Will services be videotaped? Yes / No

Product Table (please circle one)

Are we able to sell our products at the Host Venue? Yes / No

Do you have a table for product display? Yes / No

Pastoral Authorization

I hereby agree to and understand all financial and ministry requests involved in scheduling a conference or speaking engagement with Carlos Sarmiento Ministries/The Orlando House of Prayer. By signing this document, I commit to the financial obligations in pages 1-3 above.

Today's Date

Authorized Signature

Print Name/ Title

Completion of this form does not mean acceptance of this speaking engagement on behalf of Carlos Sarmiento Ministries. This form will be submitted to our conference team for review and presented to Carlos Sarmiento during our calendar meetings. Upon approval, you will be contacted to confirm and/or change dates before proceeding.

Thank you for the opportunity to minister to your body of believers.

*Upon completion, please return worksheets to:
office@orlandohop.org or fax to (407) 777-4027*