

Let's Stay Connected

YOUR CONTACT INFORMATION

Please provide your contact information.

First Name

Last Name

Ministerial Title

Church/Ministry Name

CHURCH ADDRESS: Street City ZIP

MAILING ADDRESS: Street City ZIP
(If different than above)

Email Address

Primary Phone Number: Office Mobile Home

How would you prefer to receive communication? Email Text Message

(provide mobile number if different than above)

Yes, my ministry would like to participate in the *RESURRECT ATLANTA CELEBRATION & OUTREACH!*

In addition to encouraging our congregation to attend, we want to assist with the following.

(Please check all that apply.)

EVENT LOGISTICS

- Audio/Visual
- PR/Promotions/Media Relations
- Ushers/Greeters
- Setup/Breakdown
- Other *(please explain below)*

PROGRAM PARTICIPATION

- Dance Ministry *(all forms – i.e. liturgical, mime, step, etc.)*
- Drama Ministry *(i.e. – skits, spoken word, etc.)*
- Music Ministry *(i.e. – musician, choir, praise team, psalmist, etc.)*
- Lead a Prayer/Provide Brief Exhortation
- Other *(please explain below)*

MINISTRY TEAM DESIGNEE

If you have designated a member of your ministry to coordinate your church's participation, please provide their contact information.

First Name

Last Name

Ministerial Title

Email Address

Primary Phone Number: Office Mobile Home