



Curtis L. Johnson, Senior Pastor
 8323 Augusta Rd. Pelzer, SC 29669
 (864) 243-9305 Fax: (864) 243-9353

VB Hospitality Form II

Today's Date: _____

Please complete and fax to our office at your earliest convenience – Attn: Sonji Mims Adams
Also, please mail or email (sonjia@valleybrookoutreach.org) a color photograph and biography

Title: <i>(Please check one)</i>	<input type="checkbox"/> Apostle <input type="checkbox"/> Prophet <input type="checkbox"/> Evangelist <input type="checkbox"/> Pastor <input type="checkbox"/> Elder <input type="checkbox"/> Minister <input type="checkbox"/> Other _____ <i>(please specify)</i>
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Name:	_____ <div style="display: flex; justify-content: space-around;"> <i>First Name</i> <i>Last Name</i> </div>
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Date(s) of service:	_____
Time:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM

What do you prefer to drink? <i>(Please check all that apply)</i>	<input type="checkbox"/> Hot Tea <input type="checkbox"/> w/Honey <input type="checkbox"/> w/ Lemon <input type="checkbox"/> Grapefruit Juice <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Sweet Tea <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Lemonade <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Spring water <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> 100% Fruit Juice _____ <i>(type)</i> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Other _____ <i>(please specify)</i> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering
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Adjutant or Minister:	Will an Adjutant or Minister accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name: _____ If no, would you like a VB Adjutant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Choir	Will a Choir accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Choir: _____	List Musical Instruments: _____
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Media:	Will you sell media materials during event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Materials arriving via mail <input type="checkbox"/> Media team	If arriving by mail, will you need VB assistance to sell? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate any other special needs or requests
