Dr. Melvin O. Marriner
Senior Pastor

For Office Use Only
Received _____
RSVP _____
Calendar _____
Biography _____
Photo _____
Media _____
Armor Bearer_____

Engagement Request Form

Organization:

Address 1:

Address 2:

City:

State: **Zip:**

Phone:

FAX:

E-mail:

Website:

Date of Event: **Time:** **RSVP Date:**

Event (Occasion or Purpose):

Theme or Topic:

Location:

Name of Person Responsible for Event:

Contact Person Day of Event: **Cell:**

Dr. Marriner's Responsibilities: **Honorarium:**

Other Speakers, Panelist, etc.:

Comments/Additional Information:

Return to:
Irvine C. Lee
Executive Assistant to Senior Pastor
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ilee@grovechurchva.com

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