

**F.A.C.E. I.T. FELLOWSHIP**  
*Finding Answers Concerning  
Everyday Issues Today*

**BOOKING CONTRACT**

Dr. Ava S. Harvey, Sr.

*Please fill out the form below and submit to the Office of Administration to be reviewed.*

**MINISTRY INFORMATION**

Name of Ministry or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Pastor or Leader: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Church/Organization Website: \_\_\_\_\_

Address: \_\_\_\_\_

**EVENT INFORMATION**

Type of Event: \_\_\_\_\_ Theme: \_\_\_\_\_

Scheduled Date (s) requested to minister: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

Will Dr. Ava S. Harvey, Sr. be permitted to sell ministry products before/after the service(s)? \_\_\_

**EXPENSE REQUIREMENTS**

It is requested that all expenses incurred as a result the engagement acceptance by covered by the hosting ministry or organization. \_\_\_\_\_ (initial for agreement)

Will an honorarium be given at the time of ministry? \_\_\_\_\_ Budgeted Amount: \_\_\_\_\_

Please submit this form via email to [prmbc@gmail.com](mailto:prmbc@gmail.com). or mail to Office of Administration  
Attn: FACE IT FELLOWSHIP •925 Trickhambridge Road • Brandon, Mississippi 39042

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**OFFICE OF ADMINISTRATION USE ONLY**

Date Received: \_\_\_\_\_ Approved  Denied  Reason Code: \_\_\_\_\_

Conflict in schedule (CS)    Non-Negotiable Contract (NC)    OTHER ( O ) \_\_\_\_\_