

# Fellowship Tabernacle Church

## Leadership Accountability Form

185 Moose Club Road - Statesville, NC 28677 - 704-838-1080

*All forms should be turned in to the Office of the Bishop. Please allow 1 week for office processing..*

**PRINT ALL INFORMATION NEATLY AND COMPLETELY. NOTE: THIS FORM MUST BE FILLED OUT AND PROCESSED PRIOR TO INVITATION ACCEPTANCE.**

Your Name	
Telephone Numbers	HOME:
	WORK AND/OR EMERGENCY NUMBER:
Email Address	

**Purpose** *(Check All That Apply)*

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Vacation        | <input type="checkbox"/> Perform Wedding             | <input type="checkbox"/> Revival (Nightly)         | <input type="checkbox"/> M.C.    |
| <input type="checkbox"/> Perform Funeral | <input type="checkbox"/> Perform Christening         | <input type="checkbox"/> Other Ministry Visitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> Preach the Word | <input type="checkbox"/> Administer Seminar/Workshop |  |                                  |

Other: (be specific)

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Date Requested		Time:	
Church Name:		Telephone Number:	
Contact Person:		Pastor's Name:	

===== **=FOR OFFICE USE ONLY=** =====

Date Available on Church Calendar:     Yes                       No

Pastoral Approval                                       Yes                       No

(Authorized Signature)                                      \_\_\_\_\_