

Weekend Request Form

Church Renewal Journey Weekends

Name of Church: _____

Church Address: _____

City / State / Zip: _____

Association: _____

Pastor's Name: _____

Church Phone: _____

Church Email: _____

Resident membership: _____ Number of church families: _____ (approx.)

Average Sunday school attendance:

Adults: _____ Youth: _____ Children: _____ Nursery: _____

Circle the type of weekend you are requesting:

Lay Renewal

Experiencing God

Called & Accountable

Experiencing God Together

Other: _____

Preferred Date: (Allow 4 to 6 months preparation time)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Has your church experienced a renewal weekend before? _____ When? (appr. yr.) _____

Type of Weekend: (circle all that apply)

Renewal

Exp. God

Exp. God Together

Call/Account

On Mission

Other _____

Preferred Weekend Coordinator: _____ No Preference: _____

Pastor's Signature: _____ Date: _____

Please complete this form and mail or FAX to:

Texas Baptist Men
% Cathy Lawrence
5351 Catron
Dallas, TX 75227

Phone: 214.828.5350
FAX: 214.381.7600
E-mail: Cathy.Lawrence@bgct.org