

# Faith Centre Thanksgiving or House meeting Request Form

Name: \_\_\_\_\_

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

Telephone no: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Are you a member of Faith Centre? \_\_\_\_\_

Purpose of Thanksgiving/ Blessing of Home : \_\_\_\_\_

Date Requesting \_\_\_\_\_ Time \_\_\_\_\_

Number of Guest \_\_\_\_\_ Religion of Guest \_\_\_\_\_

General Remarks : \_\_\_\_\_

**DIRECTIONS TO HOME ON BACK OF FORM  
TO BE FILLED OUT AT THE OFFICE  
(For Ministry use only)  
04.01.10**