

# Camp Sunday Speaker Request Form

TO REQUEST A SPEAKER FROM THE DAKMN AREA CAMP CONFERENCE, PLEASE SEND THIS COMPLETED FORM TO [CAMPAMBASSADORS@DKMNAREAUMC.ORG](mailto:CAMPAMBASSADORS@DKMNAREAUMC.ORG)

**PLEASE PROVIDE A MINIMUM OF TWO WEEKS ADVANCE NOTICE.**

Name:	Church Name:
Phone:	Address of Speaking Engagement:
Email:	

## SPEAKER REQUEST DETAILS:

Date Requested:	Time: _____ to _____ a.m./p.m.
Speaking location (worship service, youth room, children's ministry, etc.):	
Directions/Parking Instruction:	

Audience Profile: check all that apply <input type="checkbox"/> Congregation <input type="checkbox"/> Community <input type="checkbox"/> Youth (6-12 <sup>th</sup> grades) <input type="checkbox"/> Children (birth-5 <sup>th</sup> grade)
Other Details:

<b>ADDITIONAL COMMENTS:</b>
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<b>For Conference Camp Office Use Only:</b>
Confirmed Speaker: _____
Phone: _____ Email: _____
Confirmed given to: _____ on date: _____ by: _____