**MINISTRY REQUEST**

**Name of Your Ministry: Restoration Community Dance Ministry**

**Ministry Location : Lake of the Woods, Locust Grove, Virginia**

**Contact Person’s Name & Title: Sonja M. Edwards, Founder/Director**

**Contact Person’s Number: 540-972-1734 – E-mail – 540-406-3086**

**Contact Person's Email: restoration23@yahoo.com**

**YOUR EVENT INFORMATION**

**Event Name:**

**Event Theme:**

**Event Date(s):**

**Event Time :**

**Date and Time you would like for Restoration Community Dance Ministry to minister:**

**How much time does Restoration CDM have to minister? Are there multiple service times, if so how many?**

**Is the event located in the same location as your ministry? If no, please indicate the event location.**

**TRAVEL COSTS**

**If Restoration CDM is driving to your event do you agree to reimburse mileage/ground transportation costs?**

**OTHER REQUIREMENTS**

**What is the standard or budgeted love offering/** **honorarium amount that will be given for this event?**

**Should you need additional information from our ministry prior to your event, please contact**

**Sonja M. Edwards, Director, Restoration Community Dance Ministry,** **restoration23@yahoo.com****,**

**540-972-1734.**