



BALTIMORE SCHOOL OF THE BIBLE

CHURCH AMBASSADOR VISIT REQUEST FORM

Church Name: _____

Pastor's Name: _____

Church Address: _____

Contact Person (if different): _____

Phone Number: _____

Email: _____

Preferred Dates/Times for Visit:

1.

2.

Type of Service/Meeting (check all that apply):

Sunday Morning Service

Sunday Evening Service

Midweek Service

Special Meeting/Conference

Other: _____

Approximate Time Available for Presentation:

5 minutes

10 minutes

Other: _____

Additional Notes/Requests: _____

Signature (Pastor/Church Representative): _____

Print Pastor/Church Representative: _____

Date: _____

[Form may be returned to BSOTB by email to: admin@bsotb.org OR by text message to 410-523-4362]