



Terri Savelle Foy  
MINISTRIES

**MEETING INFORMATION FORM**

*Thank you for your interest in the ministry of Terri Savelle Foy. Your cooperation in providing our office with the following information (by Email dgroover@jsmi.org or fax at 817-297-9859 or mail) would be greatly appreciated.* *Æijg\ YdZ `lc`i g`JZnci `k ci `X` Wta d`YH`Ug`a i W`cZH Jg`Zfa `Ug`dcggjV`Y"*

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

Dates of Meeting: \_\_\_\_\_

Times of Meeting: \_\_\_\_\_

**BASIC INFORMATION**

- Physical Address of Meeting Location: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Mailing / Shipping Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Church's Phone & Fax Number: \_\_\_\_\_ / \_\_\_\_\_
- Church Office Hours: \_\_\_\_\_
- Service Times: \_\_\_\_\_
- Time Church doors will open to the public: \_\_\_\_\_
- Seating Capacity of Sanctuary: \_\_\_\_\_ Overflow rooms: \_\_\_\_\_
- Average Adult Attendance: \_\_\_\_\_
- Church Denomination: \_\_\_\_\_
- Type of Meeting: (Please select one)  
 Conference (with multiple speakers) \_\_\_\_\_  
 Please list other speakers/special guests \_\_\_\_\_  
 \_\_\_\_\_

Church Meeting \_\_\_\_\_

Anniversary Celebration (or other special occasion) \_\_\_\_\_

- What is the dress code? \_\_\_\_\_

### CONTACT INFORMATION

- Pastor's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Name of Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### TRAVEL INFORMATION

***Mrs. Foy and a companion will travel by commercial air. We ask that the church pay for two economy class tickets. Please provide a driver to meet them. She will also need transportation to and from meetings.***

- Are you able to provide a driver for Mrs. Foy?      YES                      NO

Name of Driver: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Name of nearest commercial airport: \_\_\_\_\_

- Time and distance from airport: \_\_\_\_\_

### LODGING ACCOMMODATIONS

***We ask that the church make hotel accommodations for Mrs. Foy and a companion that may be traveling with her. We ask that the church pay for two rooms and we will pay for any remaining ones.***

- Name of Hotel: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Hotel Rate: \_\_\_\_\_

- Confirmation Numbers:  
Terri Savelle Foy \_\_\_\_\_

### PRODUCT INFORMATION

***If we are allowed to sell product before and after the service, please let us know if you can provide the following:***

- Two volunteers to assist. YES NO
- 3 – 6' or 2 – 8' tables and skirting. YES NO
- A telephone line for charge-card orders? YES NO
- A Credit Card Imprinter? YES NO
- Dimensions of your lobby? \_\_\_\_\_
- Product Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_
- Time our staff can set up product table: \_\_\_\_\_
- Audio Duplication of Mrs. Foy's messages:

Following the service, please have the recorded masters (CD or DVD) brought directly to Mrs. Foy or mail them to TSFM as soon as possible.

- Name of person in charge of audio taping or video taping the service:  
\_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### FINANCIAL INFORMATION

***Please check the boxes below if you are in agreement with the following requirements for this meeting.***

- An honorarium will be given
- We ask that the church pay for all of the travel expenses which will include either airline tickets (if traveling commercially) or fuel costs (if traveling by car.)

Please list any comments or questions regarding these requirements:

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*This basic form is designed to help prepare for the meeting. If there is anything that has not been covered on this information sheet that you would like us to be aware of, please don't hesitate to contact us:*

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