



New Life Assembly of God Church

Secunderabad – Hyderabad

APPLICATION FORM FOR FUNCTIONS

Full Name : (Mr/Mrs/Ms/Dr/Other.....) _____

Phone : _____

Request for : _____

Dedication: Flat/House/Business/Ministry/Other
Thanksgiving: Anniversary/Birthday/Celebration/
Farewell/Memorial/Other

Desired Date: _____
Day/Month/Year Day of Week & Time

Alternate Date : _____

Venue Address : _____

PIN: _____

Type of Service: Scripture & Prayer Only: _____
Brief Remarks: _____
Other: _____

No. Expected : _____ Snacks _____
Meal _____

Further Details : _____

Thanking You Sincerely!