

SCC Sunday Service
SPECIAL PRESENTATION REQUEST

NAME _____ DATE _____

MINISTRY _____ PHONE _____

LEADERSHIP _____

PRESENTATION DATE _____

Who will be involved? What is there role?

Approximate Length of Presentation _____

What do you hope to accomplish with this presentation _____

Special Comments

*Requests may be turned to the main office during normal business hours –
Monday – Thursday

**Deadline for requests is Wednesday at Noon

*** Please Attach All Information and Have The Signature Approval From
Pastor Shirley Smardz

Your Signature _____

Approval _____

Southtowns Christian Center
Phone (716) 627-2183 Fax (716) 627-2336

Rev 3/09