Louisiana UMC INVITATION/REQUEST BISHOP FORM

NOTE: THIS FORM MUST BE FILLED OUT WHEN INVITING THE BISHOP and RETURNED TO YOUR District Superintendent—

Your DS will submit your invitation/request to the Bishop's Office.

EVENT SCHEDULED FOR:	DATE_
ARRIVAL TIME:	Beginning: Ending:
DISTRICT:	Ending.
2-2-2-0-2-0	
NAME OF EVENT	
TIME OF SERVICE(S)	
PASTOR IN CHARGE OF EVENT: Contact Phone #	
EXPECTED ARRIVAL TIME OF <u>BISHOP</u> TO	THE EVENT
LOCATION of EVENT	
NOTE: *DIRECTIONS TO EVENT: Must be a	attached to this invitation.
Circle the proper response and answer fo	or the following:
DO YOU EXPECT BISHOP TO SPEAK/F	
YES NO	
If yes, for how long?	
Do you have specific details? Please	e also provide a brief history of
your church. You may want to write	-
Please explain details/history:	v
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ROBE YES NO	
STOLE: If yes, what color? WHITE REI	D GREEN PURPLE BLUE
ARE THERE MULTIPLE SERVICES? YES	NO
If yes, what are the times	_ Multiple Locations? YES NO
DOES THIS EVENT HAVE A SPECIAL SIGN	TEICANCE? VES NO
If so, what is the significant event (ie anniversar	
etc)	
Any details:	
Has the District Superintendent been invited and	d plans to attend? YES NO
Will there be a meal after/during the event?	YES NO