

Glory Christian Fellowship International Funeral Service Request Form

Today's Date: _____

Name: _____ Member: ___ Yes ___ No

Name of Deceased: _____ Member: ___ Yes ___ No

Phone: _____ E-Mail _____

Funeral Information

Proposed Day: **S** **M** **T** **W** **Th** **F** **S**

Dates Proposed: 1st Choice _____ 2nd Choice _____

Start Time: _____ am / pm End Time: _____ am / pm

Are you requesting Pastor Trimble? ___ Yes ___ No Officiate: _____

Would you like to reserve the Teen Center for the repast? ___ Yes ___ No

Are any musicians needed? ___ Yes ___ No

Please check all that apply: **Drums** **Piano** **Bass** **Soloist**

Hospitality

Expected Attendance: Funeral: _____ Repast: _____

Will food be provided/catered? No Yes

If No, are you requesting food services/catering from GCFI: _____

Brief description of proposed menu: _____

(If request for GCFI catering services—you will be contacted to go over specifics as prices do vary accordingly)

Staff & Equipment Reservation

Screen **Overhead Projector** **Visual Aid Person**

Sound System **Microphone** **PowerPoint Set-up**

Sound Engineer

FOR OFFICE USE ONLY

Approved Yes No Further Action Needed Room Assigned : _____

Signature: _____ Date: _____

Comments: _____