## Macedonia A.M.E. Church

## Publications Committee Worship Guide Request Package

Please submit all Worship Guide Requests at least one month prior to the date of the event. Final changes will not be accepted beginning one week prior to the date of the event.

Event Name:			
Date of Event:			
Time:			
Name of Contact:			
Contact Phone:			
Special Colors?  If Yes, What a			
Event Theme?  If Yes, What is	( ) Yes is the Event T		
Scripture Verse?  If Yes, What is			

otocol	Additions: ( ) Yes ( ) No
]	If Yes, What is the title, name, and organization of each person to be added to the protocol?
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y lett	ers of congratulations? ( ) Yes ( ) No
]	If Yes, What is the title, name, and organization of each person providing letters?
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## Order of Service Specifics

Speaker:	
Title:	
Name	
Associations:	
Bio Provided: ( ) Yes ( ) No	
Please provide names of the persons selected for the following:	
Worship Leader:	
The Call to Worship:	
☐ Litany ☐ Special	
The Hymn of Praise:	
Prayer of Invocation:	
The Scripture Reading:	
Is there to be more than one reading? ( ) Yes ( ) No	
If yes, give the specifics:	
Old Testament:	
Text:	
Name:	
New Testament:	
Text:	
Name:	
The Gospel:	
Text:	
Name:	

The Decalogue:					
	☐ Entire	☐ Abridged	☐ Special		
The Welcome:					
The Occasion:					
The Financial Appeal	:				
The Ministry of Givin	ng:				
The Offertory Prayer:					
The Altar Meditation:					
The Speaker's Intro:					
The Invitation:					
Presentations:					
Final Remarks:					