

EL SHADDAI

DWXI PRAYER PARTNERS FELLOWSHIP INTL INC
118 QUEENSWAY BLDG. AMORSOLO ST., MAKATI CITY

PFCC INSTRUMENTALIST / CHOIR REQUEST FORM

REQUESTING DIOCESE/VICARIATE/CHAPTER/CELL GROUP: _____
ORIGINATING DIOCESE/VICARIATE/CHAPTER/CELL GROUP: _____

REASON FOR REQUEST: _____
VENUE: _____
DATE: _____
TIME: _____
CONTACT PERSON: _____
CONTACT NUMBER: _____

REQUESTED INSTRUMENTALIST/CHOIR

NAME	POSITION	CONTACT NUMBER

REQUESTED BY:

REQUESTING CHAPTER MUSIC HEAD: _____ DATE: _____
SIGNATURE OVER PRINTED NAME

REQUESTING CHAPTER
PFCC/VICARIATE HEAD: _____ DATE: _____
SIGNATURE OVER PRINTED NAME

APPROVED BY:

ORIGINATING CHAPTER MUSIC HEAD: _____ DATE: _____
SIGNATURE OVER PRINTED NAME

DISCIPLE IN CHARGE: _____ DATE: _____
SIGNATURE OVER PRINTED NAME

* Make sure that Request is made 30 days (1 month) prior to the Date of the Gawain. This to ensure adequate time for coordination and approval