INNER-FAITH FELLOWSHIP MINISTRIES MEETING REQUEST FORM

MEETING REQUEST:			
Date submitted:			
Requested by:		- ,	
Ministry:		_	
Room:			
Date:			
Time:			
No. Participants:	_		
Purpose of meeting:	1.1.1		
Approved:			
Approved:		-	
Scheduled:		_	

PLEASE SUBMIT REQUEST LAST WEEK OF THE MONTH.