

ADAM + OLIVIA BOOKING

Thank you for your interest in having Adam + Olivia speak/sing at your event. This form is used to determine if your meeting can be confirmed. After review, we will promptly update you concerning your request. To serve you better, please fill this form out completely and return it as soon as possible to info@adamandolivia.com.

Please select who you wish to book for your event...

☐ Pastor Adam Aziz ☐ Pastor Olivia Aziz ☐ Pastors Adam & Olivia Aziz

ORGANIZATION INFORMATION:

Organization Name	Web Address
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Organization/Ministry Overseer

Physical Address	City	St	Zip
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Mailing Address	City	St	Zip
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Phone Number	Average Church/Event Attendance
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EVENT VENUE INFORMATION:

Venue Name

Physical Address	City	St	Zip
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Phone Number	Venue Seating Capacity
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Where is the nearest commercial airport?	Drive Time/Distance to Venue
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EVENT INFORMATION:

☐ In-Person

☐ Virtual

☐ Podcast

☐ Interview

Event Name

Event Theme *(if applicable)*

Event Date(s)

Event Time(s)

Specific dates & times Adam + Olivia will be speaking/singing.

Will Adam + Olivia be the keynote speaker/singer? ☐ Yes ☐ No

What type of event is this? (Church service, special conference, etc.)

You request Adam + Olivia to... ☐ Sing ☐ Speak ☐ Both

When do you expect Adam + Olivia to arrive at the event? _____

How long should Adam + Olivia plan to speak/sing for each meeting? _____

Is there anything in particular you would like Adam + Olivia to speak/sing about?

What other speakers/singers will be at the event?

Will there be news media involved? If yes, please specify...

How many are expected to attend the event? _____

What is the general age group of attendees? _____

Will the event be streamed live? If yes, please provide the url...

How are you promoting/advertising this event?

What media is available? (Audio and/or video recording) _____

CONTACT INFORMATION:

Event Contact Person

Title

Email Address

Cell Phone Number

Thank you for providing the requested information. We look forward to connecting with you in the next few weeks...

Be sure to sign and date below. By typing/signing your name you authorize that all the information is correct and give permission to Aziz Ministries to process your request for review.

I certify that I have read and understand the contents of this application, and that the information given by me therein is true and accurate.

Signature

Date

Aziz Ministries
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www.adamandolivia.com