



Request for a Speaker

Email: vickigist@kslb.org

Please complete and return this form to request a speaker. All information is required.

Group Requesting Speaker: _____

Address of Presentation: _____

Name of Contact Person: _____

E-mail: _____ Cell Phone Number: _____

Date Requested: _____ Alternate Date: _____

Time Requested: _____ Length of Presentation: _____

Requested Topic of Presentation: _____

Single or Multiple Presentations: _____ Number of Attendees per Presentation: _____

Total Youth Attendees: _____ Total Adult Attendees: _____

Additional Information: _____
