



KSLB Speaker Application

Email: vickigist@kslb.org

Please Type and Sign

Name of Applicant: _____ Age: _____

Address: _____

E-mail: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Emergency Cell Phone Number: _____

Available to Speak:

Almost Anytime: _____

Day Only: _____ Evening Only: _____

Only these Days of the Week: _____

Prior Speaking Topics: _____

Prior Speaking Engagements: _____

Additional Information: _____

Signature: _____

Date: _____