The Salvation Army – Sarasota Speaker’s Bureau
Request Form

Today’s Date: __________________

Organization: ____________________________

Contact Name: ____________________________

Day/Date Needed: __________________________

Time needed and length of presentation requested: __________________________

Preferred Topic: __________________________

Approximate size of audience, sex and age range: __________________________

Location of presentation: __________________________

Has this group previously heard from a Salvation Army representative? ________

If yes to above, who and approximately how long ago? __________________________

Contact Information – including address, telephone number and email address:

________________________________________

________________________________________

Day of event contact (if different from above): __________________________

Equipment Available for presentation – please check all that apply:

Microphone______ TV with DVD______ Screen______

Computer and projector for PowerPoint presentation______ Other____________________

Once details are complete and the appropriate speaker notified, a written confirmation will be provided.

Should you have question or need information please call Glenda Leonard (941) 364-8845, ext. 221. Also return form to The Salvation Army P. O. Box 2792, Sarasota, FL 34230