

# Louisiana District Home Missionary Evangelist Allowance Program Request

(Complete and return at least one month prior to special services)

*All evangelists/guest speakers must be pre-approved by the District NAM Director prior to scheduling.*

Upon Approval, the LA District NAM Department will pay:

- \$1750 for annual revival services (evangelist, hotel, food)

**Please Print**

<b>Date:</b>		
<b>Name of Church:</b>		
<b>Address:</b>		
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>
<b>Pastor's Name:</b>		
<b>Address:</b>		
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>

<b>Number of services scheduled:</b>
<b>Dates of services scheduled:</b>
<b>Name of Guest Speaker:</b>
<b>Home Missions Pastor Signature:</b>

**Office Use Only:** Funds paid upon receipt of request \$ \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form at least one month prior to services:  
LA District NAM, PO Box 248, Tioga LA 71477**

## Louisiana District NAM Evangelist Allowance Program Follow Up Report

**(Complete and return upon conclusion of special services)**

**Please Print**

<b>Date:</b>		
<b>Name of Church:</b>		
<b>Pastor's Name:</b>		
<b>Address:</b>		
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>
<b>Date of Services:</b>		
<b>Name of Guest Speaker:</b>		

Please answer the following questions concerning the above revival services.

<b>How many were in attendance?</b>	Svc 1	Svc 2	Svc 3	Svc 4	Svc 5
<b>How many visitors were present?</b>	Svc 1	Svc 2	Svc 3	Svc 4	Svc 5
<b>How many repented?</b>	<b>How many were baptized?</b>				
<b>How many received the Holy Ghost?</b>					

Please briefly describe the revival services and how they ministered to you and your family, the church and the community.

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**When special services are concluded, please return this form to:**

**LA District NAM, PO Box 248, Tioga LA 71477**

**LA DISTRICT NORTH AMERICAN MISSIONS CHURCH  
APPLICATION**

*Please Print; Enclose a Photo of You and Your Family*