





Total Deliverance Worship Center  
2774 Sweet Water Spring Blvd, Spring Valley, CA 91977

**DIRECTOR MEETING**

**PLEASE RETURN FORM TO THE ADMINISTRATIVE OFFICE**

Director Name \_\_\_\_\_ Date: \_\_\_\_\_

Auxiliary Name \_\_\_\_\_ Coordinator Name: \_\_\_\_\_

Person requesting meeting: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cellular

E-mail: \_\_\_\_\_

Attendees \_\_\_\_\_

\_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Points to be discussed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When are you available for an appointment?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**YOUR REQUEST WILL BE REVIEWED AND YOU WILL BE CONTACTED**

**OFFICIAL USES ONLY:**

Contacted on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Via: \_\_\_Email \_\_\_Phone By: \_\_\_\_\_

**Scheduled appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_**

\*\*\*\*\*ADMIN IS LOCATED ACROSS FROM THE MAIN SANCTUARY\*\*\*\*\*