



Concord Trinity United Methodist Church Worship Request

5275 South Lindbergh Blvd.
St. Louis, MO 63126-3551

FAX (314) 842-4654
info@concordtrinity.org

*Please complete all areas that apply and return to the church office for your request to be considered.
Your request will be reviewed to see if it can be granted. Worship elements take priority.
You will be contacted with the decision.*

Today's Date: _____ **Committee/Group:** _____

Contact Person: _____ **Phone:** _____

Email: _____

Event:

- | | |
|---|--|
| <input type="checkbox"/> Announcement | <input type="checkbox"/> Renewal of Vows |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Skit |
| <input type="checkbox"/> Communion | <input type="checkbox"/> Slides |
| <input type="checkbox"/> Confirmation | <input type="checkbox"/> Special Music |
| <input type="checkbox"/> Dedication | <input type="checkbox"/> Testimony |
| <input type="checkbox"/> Reception of New Members | <input type="checkbox"/> Video |
| <input type="checkbox"/> Procession | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Recognition | _____ |

Worship Date: _____

Service Time: 8:00 am 9:30 am 11:00 am

Brief Description of Worship Request: _____

Who Is Involved in the Event? _____

For Office Use Only

Copies to:

- Originator Pastor Dir. of Worship Arts Bulletin Preparer

By _____ on _____