

# C.W.J.J.

C. William Joyner, Jr. Ministries  
Contact Application

Please Print Clearly

Name: \_\_\_\_\_

Area of Need:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Speaker     | <input type="checkbox"/> Training Workshop    | <input type="checkbox"/> Keynote Speaker |
| <input type="checkbox"/> Teacher     | <input type="checkbox"/> Coach                |  |
| <input type="checkbox"/> Illustrator | <input type="checkbox"/> Leadership Workshops |  |

Date of Occasion: \_\_\_\_\_

Type of Program: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Number of days: \_\_\_\_\_

Church/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Title: \_\_\_\_\_

Brief description of what you are looking for:

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Mail to:

CWJJ Ministries  
2323 Barton Chapel Road  
Augusta, Ga. 30906