**VISION PARTNER CD REQUEST FORM**

Ministry

**Date Requested\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*NOTE: Please have qualifying Vision Partners sign below.*

The following vision partners worked today and need a copy of the sermon:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | 16 |  |
| 2 |  | 17 |  |
| 3 |  | 18 |  |
| 4 |  | 19 |  |
| 5 |  | 20 |  |
| 6 |  | 21 |  |
| 7 |  | 22 |  |
| 8 |  | 23 |  |
| 9 |  | 24 |  |
| 10 |  | 25 |  |
| 11 |  | 26 |  |
| 12 |  | 27 |  |
| 13 |  | 28 |  |
| 14 |  | 29 |  |
| 15 |  | 30 |  |

**Your signature certifies that you have only listed vision partners who are required to work during Sunday or Wednesday services.**

**Ministry Representative**

 **(Bringing the form)**

**Ministry Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Receiving the CD’s) (Please sign only after receiving the CD’s)**

**Duplication Ministry Representative**

 **(Please sign only after CD’s are given)**