



OFFICE OF CONGREGATIONAL DEVELOPMENT AND REVITALIZATION
NEW YORK CONFERENCE OF THE UNITED METHODIST CHURCH

REQUEST FOR CONSULTATION

CHURCH: _____ DISTRICT: _____

PASTOR: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

CONTACT PERSON: _____ CONTACT CELL PHONE: _____

WHAT KIND OF CONSULTATION DO YOU NEED?

i.e. congregational redevelopment/revitalization process, individual church consultation(ICC), discipleship systems, demographic services, new church start, merger, relocation, co-operative parish, close & restart, close, satellite, multi-site, strategies for ministry action plan, ministry growth plan, space-sharing, reaching new immigrant communities

PLEASE PROVIDE A BRIEF DESCRIPTION:

MEETING

DATE: _____ TIME: _____

PLACE*: _____

*Please email an exact address to this location

SIGNATURES

PASTOR: _____ DATE: _____

LAY LEADER: _____ DATE: _____

DISTRICT SUPERINTENDENT: _____ DATE: _____

DISTRICT SUPERINTENDENT COMMENTS:
