



Overseer **Curtis L. Johnson,**  
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# Initial Sermon M.I.T. Profile

Please complete and return to  
**Mrs. Sonji Mims Adams**  
**SonjiMAdams@gmail.com**

**All information disclosed on this form will be kept confidential.**

*Please print*

<b>Name:</b>	<b>Salutation</b> <small>(i.e. Min., Elder etc.)</small>	<b>First Name</b>	<b>Last Name</b>
<b>Contact Information:</b>	<b>Mailing Address:</b>		
	<b>City</b>	<b>State</b>	<b>Zip</b>
	<b>Contact #</b>	<b>Mobile or Work #</b> <small>(Circle)</small>	<b>Email Address</b>
<b>Personal:</b>	<b>Date of Birth</b> / /	<input type="checkbox"/> Married <input type="checkbox"/> Single	<b>If Married, Wedding Date</b> / /
	<b>If Married, Spouse Name</b>  <b>Spouse Date of Birth</b> / /	<b>Children Name &amp; Date of Birth</b>	
<b>Ministry Information:</b>	<b>Date of Initial Sermon:</b> / /	<b>List ministry items needed</b> <small>(i.e. commentary)</small>	
	<b>Initial Sermon Program Participants:</b>		
	M.C. _____		
	Welcome _____		
Scripture _____			
Prayer _____			
Offertory Prayer _____			
Solo _____			
Remarks _____			
<b>Beverages</b> <small>(please list the beverage you prefer to drink)</small>			
<input type="checkbox"/> Hot Tea <input type="checkbox"/> w/Honey <input type="checkbox"/> w/ Lemon <input type="checkbox"/> Grapefruit Juice <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering			
<input type="checkbox"/> Sweet Tea <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Lemonade <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering			
<input type="checkbox"/> Spring water <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> 100% Fruit Juice _____ <small>(type)</small> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering			
<input type="checkbox"/> Other _____ <small>(please specify)</small> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering			
<b>Biography</b>			
<b>Please attach your biography and photo</b>			
<input type="checkbox"/> Need help to create a biography			
<input type="checkbox"/> Need to schedule for photo			