METROPOLITAN
WASHINGTON, D.C.
SYNOD ELCA

Bishop Visitation Form

The Bishop is looking forward to being with you. Please fill out this form and return it to Brenda Barrios bbarrios@metrodcelca.org two weeks in advance of the scheduled visit.

Church/Ministry Name: _____

City and State:_____

Sunday Worship

Special Event: _____

Date: _____ Time (s): _____

Texts of the Day: _____

Theme: _____

Color of the Day: _____

Contact Person Name: _____ Cell #: _____

How would you like the Bishop to be involved? *(Check all that apply)*

Preach: ☐ Preside: ☐ Holy Communion: ☐

Other requests:

Children's Sermon: ☐

Reception/Coffee Hour: ☐ (Where, When): _____

Attend: ☐ Adult Forum/Sunday School (where, when): _____

Please provide Content/Topic: _____

Notes:

Is there anything else that should be known before attending? i.e. any conflicts, topics to highlight, or avoid?