



GLORY REIGN 2025 VIEWING CENTRE REQUEST FORM

Location: _____

PERSONAL DETAILS:

Name: _____

Phone Number(s): _____

Address: _____

VENUE DETAILS:

Facility Name: _____

Address: _____

Was it used during the last edition of Glory Reign? (Old /New) _____

VENUE CONTACT DETAILS:

Name: _____

Phone Number(s): _____

Email Address: _____

OFFICIAL USE

Remark

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GOD BLESS YOU!

**UNDERTAKING TO INDEMNIFY THE REGISTERED TRUSTEES OF
SALVATION MINISTRIES**

I, /we (.....) hereby confirm
Name of donor/name of representative of owner

that I have the authority and consent of the owner
(name of owner) of the (..... **facility-
mention it**), which said property is hereby voluntarily released by me to the
Registered Trustees of Salvation Ministries (hereinafter referred to as the
Church) to be used throughout the days of Glory Reign, 2025.

Pursuant to the above, I, /we)
hereby undertake to indemnify the Church against any action, liability, loss,
damage or suit in the event of any person establishing a better title asserting
an adverse claim over the said property.

Signed by me:

Signature/Date:

Name:

Address:

Occupation:

In the presence of Witness:

Signature/Date:

Name:

Address:

Occupation:

Name of Pastor:

Name of Church:

Signature/Date: