ABYSSINIAN BAPTIST CHURCH
VISITOR REQUEST FORM

Thank you for your request to fellowship with us at the historic Abyssinian Baptist Church in the City of New York. A representative from groups of ten (10) or more should fill out the form below at least two (2) weeks before your requested visitation date.

Date: _____

Name of Group Representative: _____

Phone Number: _____ **E-mail:** _____

Date of Visit: _____

Group Type: Family Group _____ School Group _____ Church Group _____

Group Name: _____

Number of People: _____

Use the lines below to provide us with any other pertinent information (i.e., wheelchair accessibility required, clergy attendance, etc.)

_____
_____
_____
_____

Please note that backpacks are not permitted in the Abyssinian Sanctuary and we cannot provide baggage check services. View our full Tourist Policy here. [Include link to policy]

We will contact you with confirmation or regrets regarding your request within a week of your submission.