

Evangelism Follow-Up Report

PLEASE RETURN WITHIN 30 DAYS OF YOUR EVENT.

Date of Event _____
Church Name _____
Location of Event _____
Person making report _____
Cell Number _____
Cost of event (not including use fee) \$ _____

Purpose of Event _____

Attendance;
Event Evangelism team _____ Children/Teens _____ Parents _____ Other Adults _____

Kind of material was handed out? _____

Witnessing:
Evangelistic presentations _____ Professions of faith _____

Joint event? ___ If yes, with whom? _____

What type of follow up plans have you made? _____

How did the EBPT help or hinder your event?

