NEW HEART FOURSQUARE CHURCH

HOME GROUP FEEDBACK FORM

HOMEGROUP MEETING @ _____

DATE OF MEETING: _____

ATTENDANCE:

NO. OF ADULTS: _____

NO. OF CHILDREN: _____

COMMENTS: (salvation, healing, baptism in the H.S., need, concern)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____