Evaluation/Response Form for Your Special Event

| Event Date: |
|---|
| Name of Church hosting event: |
| Contacts name and e-mail: |
| Where was Special Event held? |
| Approximate # of attendees: Shared Gospel with how many? |
| In what various ways was the Gospel shared during the event? |
| Were there any professions of Faith/decisions made? |
| |
| Number of people you will intentionally follow-up on in the next 48 hours |
| How would you describe the overall event in terms of what went right and what went wrong? |
| Do you have anything to share about the use of Association Special Events Trailer? |
| Are there additional things that could be added to the Event Trailer? |
| THE DEPOSIT OF \$100.00 WILL BE RETURNED BY MAIL WITHIN 10 DAYS. YOU MUST INCLUDE THIS COMPLETED EVALUATION FORM AND TURN IN TO THE |

Please return to the SJBA office via email to <u>sjba@sanjacintobaptist.com</u> or fax to 281.427.6292 or mail to San Jacinto Baptist Association, P.O. Box 1533, Baytown, TX 77522-1533. Thank you for your responses.

SAN JACINTO BAPTIST ASSOCIATION.