

Report Date: _____

Small Group Leader Planning Sheet

Leader: _____ phone #: _____

Assistant: _____ phone #: _____

Host: _____ phone #: _____

Location of the meeting:

Address: _____

Day of meeting: _____ Time: _____

Starting Date: _____ Ending Date: _____

Description of lesson materials:

Sermon Series Other: _____

Type of small group:

- Men's Couple's Mature Adult's
- Women's Young Adult's Single's
- Mixed Adult's Young Marrieds Youth
- Open** Home Group **Closed** Impact Group (accountability group)

Prospect Invitation list:

(Friends, family, neighbors, church members)
