

Report Date: _____

Small Group Report

(Please submit a report by the end of Oct, Feb. or April)

Leader: _____ phone #: _____

Assistant: _____ phone #: _____

Host: _____ phone #: _____

Location of the meeting:

Address: _____

Day of meeting: _____ Time: _____

Starting Date: _____ Ending Date: _____

Next Steps for Open Home Groups:

- Group wishes to continue meeting during the next six-week session.
- Group wishes to begin meeting weekly beginning right away.
- This group will not continue to meet after this six-week series.

Type of small group:

- | | | |
|---|--|---|
| <input type="checkbox"/> Men's | <input type="checkbox"/> Couple's | <input type="checkbox"/> Mature Adult's |
| <input type="checkbox"/> Women's | <input type="checkbox"/> Young Adult's | <input type="checkbox"/> Single's |
| <input type="checkbox"/> Mixed Adult's | <input type="checkbox"/> Young Marrieds | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Open Home Group | <input type="checkbox"/> Closed Impact Group (accountability group) | |

Curriculum: Sermon Series Other: _____

Current Group Participants (place a check by any leaders-in-training):

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