**Associational 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?