

SMALL GROUPS MINISTRY  
ATTENDANCE SHEET



Please Print clearly in ink completing all parts of this form.

Leaders Name: \_\_\_\_\_ For month of: \_\_\_\_\_

Group Type: \_\_\_\_\_

Complete Name	*AC	Street Address	Zip Code	Phone	Circle Week Attended
1.					1 2 3 4 5
2.					1 2 3 4 5
3.					1 2 3 4 5
4.					1 2 3 4 5
5.					1 2 3 4 5
6.					1 2 3 4 5
7.					1 2 3 4 5
8.					1 2 3 4 5
9.					1 2 3 4 5
10.					1 2 3 4 5
11.					1 2 3 4 5
12.					1 2 3 4 5
13.					1 2 3 4 5
14.					1 2 3 4 5
15.					1 2 3 4 5

TESTIMONY FOR BAPTISM AND RECEIVING THE HOLY GHOST

Name	Address	Phone	Baptised Date	Holy Ghost Date
1.				
2.				
3.				
4.				
5.				

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Including visitors, list the totals for your group. \*Age Code (AC): A-Adult, Y-Youth, C-Child  
 Turn this report in at the information desk at the Hwy. 99 facility or the main office at the West Lane facility or send (or FAX).