



WEEKLY SMALL GROUP REPORT FORM

SGL(s) _____ **Date of Meeting** _____
Intern(s) _____ **Coach(es)** _____

Community Life Team: ___ Blue ___ Red ___ Green ___ Purple

1. Please list all small group members and visitors below:

First Name	Last Name	Present	Visitor	First Name	Last Name	Present	Visitor
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

2. Please check any components that were a part of your meeting:

___ Welcome (Icebreaker) ___ Word (Bible Study) ___ Worship
 ___ Wind (Ministry) ___ Witness (Outreach/Prayer for non-Christians)

3. How did the meeting go?

4. Do you have any special concerns or testimonies to share?

5. Please place the white copy in your Small Group Coach's mailbox, the yellow copy in your Community's box outside the Bookstore, and the pink copy to the "Pink" box outside the Bookstore. Thanks!