Reset Form

Victory Life Church
Event Report

Date of Event: _____

Department Name: _____

Name of Department Head: _____

Total # in Attendance: _____ **# of Visitors:** _____ **# of Volunteers:** _____

(Write or Print Clearly)

Event: _____

Guest Speaker: _____

Summary of Event or Meeting: _____

Note problems and suggested solutions: _____

Revised: 06-05-03