BoldYTH | Services Feedback Form

This form is to be filled out after each service to report numbers, testimonies, hits & misses, etc.

Your Name / Email *

First & Last name

name@example.com

Date of Service *

MM/DD/YYY

Type of Service *

- **Bold57**
  5th - 7th Grade Bgroups
- **Bold Groups**
  8th - 12th Grade Bgroups
- **Bold Campus Night**
  5th - 12th Grade Service
- **Bold Team Night**
  Youth Leader Gathering / Training

Service Time *

- **1st Service**
- **2nd Service**
- **Other**

How many students were at this event? *

How many volunteers were at this event? *

How many student leaders were at this event? *

Did you have any First Time Guests? If so, how many? *

Please list out the contact information of those First Time Guests.

Name, Number, Email, Grade

Did you have any salvations? If so, how many? *

Please list out the contact information of those Salvations

Name, Number, Email, Grade

Any testimonies that you want to share? *

Any major hits? *

Any major misses? *

Were there any incidents regarding students that required or will require parent engagement? *

Any campus needs? *

(i.e. Snacks, drinks, print pieces, worship supplies, other supplies, etc.)