



Let Us Know How It Went

PURPLE LIGHT SUNDAY REPORT FORM

Church: _____ Date: _____

Activity: NBC/PCAN 2011

LIST CLASSES, PHONE CALLS, SEMINARS, SERMONS, SCREENINGS, ETC.)

_____	# of attendees: _____
_____	# of attendees: _____
_____	# of attendees: _____
_____	# of attendees: _____
_____	# of attendees: _____
_____	# of attendees: _____
_____	# of attendees: _____

HEALTH INFORMATION DISSEMINATED

Subject covered: _____	# of people who received info: _____
Subject covered: _____	# of people who received info: _____
Subject covered: _____	# of people who received info: _____
Subject covered: _____	# of people who received info: _____
Subject covered: _____	# of people who received info: _____

REFERRALS

Number of referrals made to a health service or medical provider(s): _____

OTHER COMMUNITY OUTREACH ACTIVITIES

List activities or interactions you had with people outside the congregation:

PARTNERSHIPS

What organizations did you partner with to raise awareness? Include contact information.

OTHER FEEDBACK AND COMMENTS

Please include any additional comments or feedback below.

Your name: _____

Signature: _____ Date: _____

Please e-mail to: hope@nationalbaptist.com

or

Fax to: (901) 366-9880