

DATE SUBMITTED: _____ REPORTING MONTH: _____

CLASS #: _____ CLASS LEADER NAME: _____ # OF MEMBERS IN CLASS: _____

MEMBERS CONTACTED BY: PHONE CALL E-MAIL MAIL HOME VISIT CHURCH SERVICE CHURCH SCHOOL
(Please check all that apply)

OF CLASS MEMBERS WHO ATTENDED COMMUNION SERVICE IN REPORTING MONTH: _____

Status of Class Members:
(Spiritual, Social, etcetera)

Needs Expressed by Class Members - *Please include member name*

(Phone call from Pastor, Prayer Request, Sickness, Hospitalization, Add to Sick and Shut In List, Remove from Sick and Shut In List, Death in Family, Praise Reports, Request for Baptism, etcetera)

Member Status, Contact Information or other Changes:
(Change in marital status, births, address, phone, e-mail, etcetera)

