CAPSTONE CHURCH

HOME GROUP REPORT

DATE OF MEETING: _____

HOME GROUP LEADERS _____

CO-LEADERS: _____

HOST HOME (Name & Address) _____

Total Number of Home Group Leaders Present (include Co-Leaders & Host) _____

Total Number of Adult 18+ Group Members Present _____

▶Total Number of Visitors Present _____

Total Number of Children and Youth (0-18 yrs. Old) Present _____

Total _____

Day of the Week Meeting Was Held: _____

Begin Time: _____ End Time: _____ Was Child-Care Available? ☐ No ☐ Yes

Witnessed by : _____

RESULTS OF THE MEETING/WHAT'S HAPPENING (events, salvations, prayers answered etc...).

▶Name of Visitors to Your Home Group (include Pastors, Elders, Staff and Regional Leaders):

Future Activities Planned:

Is there anyone in your group that you would recommend for Home Group Training Class? _____