



Coordinator Evaluation

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Church of Group Coordinated _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Number of Gatherings _____

Number of People Attending Gatherings _____

Number of Indicated Decisions _____

Number of Follow-Up Bible Studies _____

1. In your opinion, how would you evaluate your Christmas Gatherings in _____? (Insert venue name)

2. Were your desires for the year met?

What was positive?

What would you have done differently?

3. Did you attend coordinators' training meeting this year?

What part of the training was helpful for you?

Would you be willing to serve as a coordinator next year?

4. Describe the follow-up that has resulted from the Christmas Gatherings this year.

5. Do you know of other churches or groups interested in Christmas Gatherings?

Please mail to National Office:

Christmas Gatherings
24904 Logan Avenue
Lakeville, MN 55044