



Host Evaluation

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Number Invited _____

Number Attended _____

Number of Spiritual Responses _____

Any Indicated Decisions _____

1. In your opinion, how would you evaluate your Christmas Gatherings?

2. Were your desires your Gathering met?

What was positive?

What would you have done differently?

3. What part of the training was especially helpful to you?

Was there anything not covered in the training that you needed?

4. Briefly evaluate your speaker. Did you feel comfortable with him/her?

Did he/she fit well? Was the gospel clear? Did he/she use comment cards?

5. Was hosting a positive experience for you?

Would you be interested in being involved in the future?

In what capacity?

6. Are you planning to have a Bible Study?

Do you need help?

7. Do you know others who might be interested in speaking or hosting Gatherings in the future?

Please mail this and a copy of your comment cards to:

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____