

Block Party Highlight Form

Complete & return this form, along with cleaned trailer

Church Name: _____ Phone: _____

Date trailer was used: _____ Approximate # of attendees: _____

Location of your event: _____ Shared Gospel with how many? _____

In what ways was the Gospel shared during the event? _____

Were there any professions of Faith/decisions made? ____ If so, how many? ____

How would you describe the overall event in terms of what went well and what were the challenges you encountered? _____

Do you have anything to share about the use of the Block Party Trailer?

Were there any items in the trailer that were broken or needs special attention?

Are there any additional things that could be added to the Block Party Trailer?

Other Highlights: _____
