

# CHURCH REFERRAL NETWORK - INFORMATION SHEET

Please fill in the following

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Facebook Page: \_\_\_\_\_ e-mail: \_\_\_\_\_

Pastor/Pastors: \_\_\_\_\_

Days and Times of Worship: \_\_\_\_\_

Seasonal Worship (Summer Hours): \_\_\_\_\_

Style or Worship: \_\_\_\_\_ Style of 2<sup>nd</sup> Service: \_\_\_\_\_

Types of Music: \_\_\_\_\_

Average Sunday Attendance: \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Mission (30 words or less): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL PROGRAMS

Nursery (Times and Day, if available): \_\_\_\_\_

Youth Programs (ages): \_\_\_\_\_

(Time and Day, if available)

Other Programs: (Christmas, Easter) \_\_\_\_\_

\_\_\_\_\_  
Affiliations and Associations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check: Yes: \_\_\_\_\_

Our church would like to review the various ways we can help Pay It Forward, where it could benefit our church and help other churches be able to participate for free in the CRN outreach, helping people find a Bible believing church.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ date: \_\_\_\_\_