

CHURCH REFERRAL NETWORK - INFORMATION SHEET

Please fill in the following:

Church Name: _____

Address: _____

City: _____ NY Zip Code: _____

Phone: _____ Fax: _____

Web Site: _____

Facebook Page: _____ e-mail: _____

Pastor: _____

Days and Times of Worship: _____

Seasonal Worship (Summer Hours): _____

Style of Worship: _____ Style of 2nd Service: _____

Types of Music: _____

Average Sunday Attendance: _____ Seating Capacity: _____

Mission (30 words or less): _____

SPECIAL PROGRAMS

Nursery (Time and Day, if available): _____

Sunday School (Time and Day, if available): _____

Youth Programs (ages): _____ (Time and Day, if available): _____

Christmas: _____

Easter: _____

Other Programs: _____

Affiliations and Associations: _____

Church Doctrines: _____