Catch-Up Sunday Report Form

Church:_____ Phone:_____
Address:_____
City:_____Zip_____
Pastor:_____
Program Dates: Begin_____ End:_____
Previous year's undesignated income:_____

***Catch-Up Sunday Goal:* _____**
***Double-Up Goal:* _____**
***Amount Received:*_____**
***Other amounts committed:* _____**

Comments:

What were the specific strengths of *Catch-Up Sunday* at your church?_____
_____

(If you did not use the emphasis, what did you do with it?)
_____

Did your church use the following suggestions: (please indicate yes or no)

_____ Set Project goal(s) **_____ Special *Catching Up* drama**

_____ Set Sunday School attendance goal _____Poster contest by children

_____Testimonies **_____ Sermon related to *Catch-Up Sunday***
_____Newsletter to present *Catch-Up Sunday*

How could ***Catch-Up Sunday materials be improved*?**
_____
_____

How do you evaluate effectiveness of the following areas:

	Poor	Fair	Average	Good	Excellent
1. Organization					
2. Church Response					
3. Appropriate material					
4. Overall rating of emphasis					

Upon completion of *Catch-Up Sunday* emphasis, please take the time to complete this form and mail to:

Missouri Baptist Convention – Biblical Stewardship
400 E. High Street
Jefferson City, MO 65101