

FAITH Visit Assignment (Prospect)

Name: (OR APPLY LABEL)

Address:

Phone:

Approximate Age:

Prospect How - (church visit, S.S. visitor, special Bible study, referral, p. play, tree, parent, special event, multiple, vst, other)

Team Assignment Visit

Map Zone _____

Marital Status _____
 Church Background _____

Not Home Date: _____
 Initials _____

PROF GPND XN XN-BAPTIZED XN-PRAC GPA REJ FRV NO-ADM

DATE TEAM LEADER RESULTS
 _____ _____ _____

DATE TEAM LEADER RESULTS
 _____ _____ _____

DATE TEAM LEADER RESULTS
 _____ _____ _____

Department Follow-Up

Date	Who	Results	Director's Initials Division/Department
_____	_____	_____	_____ / _____
_____	_____	_____	_____ / _____
_____	_____	_____	_____ / _____