



Evangelism Trailer Event Evaluation

Date of Event _____

Church/Organization Name: _____

Contact Name: _____ Cell Phone: _____

Event Location: _____

Approximate # of Attendees: _____ # of Gospel Presentations: _____

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

Were any professions of faith made? _____

Number of people you will intentionally follow up with in the next 5 days: _____

How would you describe the overall event in terms of what went right and what went wrong?

Do you have anything to share about the use of the GTBN Evangelism Trailer?

What would you like to see added/removed/changed on the Evangelism Trailer?

Please return this form to the GTBN office via email to office@gtbn.us Unless otherwise arranged your deposit will be returned to you within 10 days of receipt of this form. Thank you for your help in keeping the Evangelism Trailer a useful tool for the kingdom.