Event Information Sheet – Form A

Please send a copy to

Event Evangelism, Inc. / SOS Events, P.O. Box 189, Dover, FL 33527
813-494-7512 info@sosevents.org

EVENT NAME: _____

STAFF IN CHARGE OF THIS EVENT:

_____

EVENT DATE(S): _____ HOURS EVENT IS OPEN: _____

NAME & LOCATION of EVENT: _____

_____

CONTACT PERSON & #: _____

BOOTH #___ COST: $_____ Paid by SOS____ Paid by Other_____

TYPE OF EVENT: (circle) Art Show / Car Show / Egg Hunt / Fair / Festival Yard Sale

Food Distribution / Other: _____

CHURCH(ES) & MINISTRIES THAT PARTICIPATED:_____

_____

IN ATTENDANCE: Total Workers: _____ Total Public Stopped at Booth: _____
USED: ELECTRICITY, BOOTH, TENT or OTHER: _____

TRACTS USED: #_____ENGLISH #_____SPANISH

DECISIONS: TOTAL #_____ Breakdown: #____SALVATIONS #____ ASSURANCES #____ OTHER
AGES of NEW CONVERTS: #___CHILDREN (AGE 4 TO 12) #___TEENS (13-17) #___ADULTS

MATERIALS USED AT THIS EVENT: (3 DOOR, DISPLAY, SIGNS, BANNERS, ETC.)

_____

WEATHER: _____ SEASON: (Circle) Spring Summer Fall Winter

TRAINED WORKERS AT THIS EVENT: _____

_____

SYNOPSIS OF THIS EVENT:

_____

SUGGESTIONS FOR NEXT YEAR: _____

_____

We Would Like To Encourage You To Take Pictures Of Those Coming To Know The Lord As Savior.

DATE NEXT MONTH/YEAR: _____ REPORT MADE BY: _____