



1400 South Garfield Drive  
Little Rock, Arkansas 72204

TEL: 501.615.1090  
FAX: 501.615.1099

**Bring Church  
Program/Survey**

## CITY OF FAITH Church Questionnaire

Name: \_\_\_\_\_

Church: \_\_\_\_\_

Reg.# \_\_\_\_\_

Service Began: \_\_\_\_\_

Date: \_\_\_\_\_

Service Ended: \_\_\_\_\_

What was the subject of the sermon?

Summarize what you learned from the sermon.

What was the name of the speaker?

Name 2 songs that were sung (if applicable).

1.

2.

List your accountability calls and who you spoke to.

Arrival

Departure