

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**