NEW TESTAMMENT HOLINESS CHURCH WEEKLY CONTACT REPORT

Care Minister: _____ Assistant Care Giver:_____ Care Giver:_____ Week Starting Sunday _____

Place an X or N/A in the box for Each contact made. For attendance Place: A=Absent No Reason S=Sick, V=Vacation, W=Work, F=With Family, M=Ministering	**Mobile Phone**	**Learnt**	**S. Attendance**	**W. Attendance**	**Visited**	**Invited**	**Phone Contact**	**E-Mail Contact**	**Personal Contact**	**Mission Offering**	**Bible Lesson**	**Spiritual Prayer**	**Baptized**	**Holy Ghost Filled**	**Ministry Involvement**	Bring this report with you to each Total Church Care Meeting. **Notes**
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