



# AFM VICTORY CELEBRATION

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## DEPUTY SHERPHERD`S WEEKLY HOUSE CHURCH REPORT

**PLEASE SUBMIT THIS REPORT BY MONDAY MORNING, OR LATEST BY TUESDAY**

**NAME OF DEPUTY SHERPHERD:** .....

**NAME OF HOUSE CHURCH:** .....

**DATE:**..... **PLACE & ADDRESS:** .....

### MEMBERS PRESENT: ADULTS:

- |          |         |
|----------|---------|
| 1. ....  | 2.....  |
| 3 .....  | 4.....  |
| 5 .....  | 6.....  |
| 7 .....  | 8.....  |
| 9 .....  | 10..... |
| 11 ..... | 12..... |
| 13 ..... | 14..... |
| 15 ..... | 16..... |

### CHILDREN:

- |          |         |
|----------|---------|
| 1. ....  | 2.....  |
| 3 .....  | 4.....  |
| 5 .....  | 6.....  |
| 7 .....  | 8.....  |
| 9 .....  | 10..... |
| 11 ..... | 12..... |
| 13 ..... | 14..... |

**ABSENTEES AND REASON(S) FOR ABSENCE:** .....

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**DID EVERY MEMBER DO THEIR DUTIES AS ASSIGNED?**  YES  NO

**IF "NO", WHY?** .....

**WAS THE PROGRAMME FOLLOWED AS PRESCRIBED?**  YES  NO

**IF “NO” WHY NOT?** .....

**WHAT ITEM(S) OF THE PROGRAMME WAS/WERE GOOD AND WHY?**

.....

**WHAT ITEM(S) OF THE PROGRAMME WAS NOT GOOD AND WHY?**

.....

**HOW WOULD YOU RATE THE DEPTH OF SHARING ON A SCALE OF 1 TO 5, WHERE 1 IS POOR AND 5 EXCELLENT?**

1	2	3	4	5
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**IF YOU RATED IN FROM 1 – 3, WHAT DO YOU ASCRIBE IT TO AND WHAT ARE YOU GOING TO DO ABOUT IT?**

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**DID YOU HAVE A V.I.P. THAT VISITED?**  YES  NO

**IF “YES” PLEASE PROVIDE A PROFILE OF THE V.I.P. (E.G. AGE, GENDER, NATIONALITY, QUALIFICATION, TYPE OF EMPLOYMENT, ETC.)**

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**DID YOU CAST THE VISION OF MULTIPLICATION?**  YES  NO

**IF “NO”, WHY NOT?**

**IF “YES”, HOW DID YOU DO IT?** .....

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**ANYTHING THAT YOU WANT THE PASTOR/VILLAGE LEADER TO KNOW?**

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**ANY OTHER COMMENTS:** .....

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