

|  |
| --- |
| ABC Community ChurchFirst Time Visitor Survey |
| Thank you for visiting ABC Community Church. We are glad you are here today! Please answer a few questions for us and drop it in the offering bucket or with the usher as you leave church. |
| Name: | Address: |
| Phone: | Email: |
|  |  |
| How did you hear about our church? |  Friend/Family Internet Search/Website I Live Nearby Other |
| Was this your first time visiting? |  Yes No |
| Which service did you attend? |  7:00 am 9:00 am 11:00 am |
| Do you have children? |  Yes NoIf yes,How many boys? \_\_\_\_\_\_What are their ages? \_\_\_\_\_\_How many girls? \_\_\_\_\_\_What are their ages? \_\_\_\_\_\_ |
| Would you like more information about the church? |  Yes No |
| May we contact you by email? |  Yes No |
| Do you have a prayer request? |  Yes NoIf yes, please describe. |
| Thank you for visiting ABC Community Church. We look forward to your next visit! |