



PARTNERSHIP FORM

We thank our partners, guest and volunteers for engaging with TGP. We appreciate your feedback as it will assist "Transformation Gathering Place" with additional insights as we plan our Spiritual Retreats.

On a scale of 1-10 with 10 being the highest, rate items 1-3.

1. How would you rate your overall God Encounter experience? _____
2. How would you rate the meeting accommodations? _____
3. How would you rate the sleeping accommodations? _____
4. Did you feel welcomed? Yes or No

If yes, share two examples of ways you felt welcomed?

If no, please explain why not?

5. What did you enjoy most about the Encounter?

6. Were you rejuvenated or renewed as a result of this experience? Yes or No

If yes, explain why? _____

If no, explain why not? _____

7. What do you plan to do differently as a result of attending the God Encounter?

8. *Would you be interested in volunteering for a TGP event or becoming a Partner? If so, please provide your name email address and phone number in the space below.*

Name	Email Address / Phone	Level of Community Engagement (**Partner or Volunteer)

*** Our partners can participate by sending TGP a desired monthly amount for the upkeep of our organization. Your seeds of love will forever be remembered and your labor of love will not be in vain. We really appreciate your help as you partner with us to fulfill this Great vision.

Sincerely,

Transformation Gathering Place