

Healing Ministry - Team Report

Name of person receiving ministry: _____

Team Leader: Please report the names of your team members and briefly describe what happened in your ministry group. This sheet will be kept with the Reception form filled out by the receiver. Orally report to the Director any unusual or troublesome matters.

Date: _____ Team Leader: _____

Team Members: _____

Report: _____

Date: _____ Team Leader: _____

Team Members: _____

Report: _____

Date: _____ Team Leader: _____

Team Members: _____

Report: _____

Date: _____ Team Leader: _____

Team Members: _____

Report: _____
