|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ministry Event |  | Date(s) |  |
| What is our hoped-for outcome? |  |
| Did we succeed?□Yes □No |  |
| How does it connect with our mission in one or more ways? |
|  | As planned (hoped-for) | Actual Results |
| Belong |  |  |
| Be Transformed |  |  |
| Make a Difference |  |  |
| What went well? |  |
| What would we do differently next time? |  |
| How many people were involved? | Leaders/helpers: | Participants: |
| What did it cost? |  |
| Any Follow-up? |  |
| Completed By: |  | Date: |  |