

Church Layout Guide

(Please type or print legibly)

Church Name: _____ Office Phone: _____
Address: _____ Pastor's Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____
Web site or e-mail: _____ Church Office Hours: _____
Church Affiliations / Associations: _____
Pastor(s) Name(s): _____

Style of Worship _____ Contemporary _____ Traditional _____ Combination _____
Style of Worship (2nd Service) _____ Contemporary _____ Traditional _____ Combination _____
Uniqueness of Worship: _____

Type of Music: (check all that apply) Organ _____ Piano _____ Accompaniment Tapes _____
Orchestra/Praise Band including: _____ (instruments)
Choir _____ Special Music _____ Overheads _____ Hymnals _____ Other _____
Days and Times of Worship: _____

Seasonal Worship (Summer Hours): _____
Vision or Mission Statement (25 words or less): _____

Special Programs (Check all that apply)

Nursery During Worship _____ Other times _____
Sunday School Times: _____
Classes and Times: _____
Adult Programs _____ Dates: _____
Youth Programs _____ Ages: _____ Dates: _____ Time: _____ Activity: _____
Children's Programs _____ Ages: _____ Dates: _____ Time: _____ Activity: _____

Special Services

Christmas: _____ Type of Service: _____
Easter: _____ Type of Service: _____
Other Information About Your Church: (25 words or less): _____

In addition to the National Evangelicals Assoc. Statement of Faith, church doctrines you may wish to include:

Average Sunday Attendance: _____ Seating Capacity: _____

Place additional information on reverse side