



POST-SERMON EVALUATION

Location: _____

Date: _____

Local Pastor: _____

Event: _____

**COMPLETE AND SUBMIT THIS FORM TO THE STATE OFFICE (DEBRAMCKINLEY@MAC.COM)
FOLLOWING EACH SERMON PREACHED WHILE IN THE COVER 22 PROGRAM.**

1. Title: _____

2. Subject: _____

3. Materials used in sermon (i.e. commentaries):

4. All Scriptures used:

5. Congregational Response:

6. Altar Response:
