

## 2010 TFH COACHING NETWORK APPLICATION

The purpose of this questionnaire is to help us understand your church and to provide the information needed to give you the most value for your time during the Coaching Network. Please elaborate as much as possible.

Senior/Lead Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Status of Church:

Age of Church \_\_\_\_\_

Current Weekend Attendance \_\_\_\_\_

Weekend Service Times \_\_\_\_\_

Current Small Group Attendance \_\_\_\_\_

Denomination \_\_\_\_\_

Church Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Church Website \_\_\_\_\_

Briefly explain why you want to be in the Network and what you expect to receive: