

**NEW MOUNT MORIAH  
CARE MINISTRY  
CLASS LEADER'S REPORT  
(OFFICIAL BOARD MEETING)**

CLASS LEADER: \_\_\_\_\_ CLASS NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ email: \_\_\_\_\_

	<b>NAME</b>	<b>ATTENDS CHURCH</b> (Yes or No)	<b>ILLNESS</b> (Yes or No)	<b>MOVED</b> (Yes or No)	<b>PASTOR TO VISIT/CALL</b>	<b>COMMENTS</b> (New Address, Hospital/Rm Phone)	<b>HOW CONTACTED</b>
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