

Schedule of Worship Services & Studies 2017-2018

Charge _____ Pastor _____

For a Single-Church Charge			
Day	Time	Type of Service	Location **
		<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	

For a Multi-Church Charge				
---------------------------	--	--	--	--

Church 1 Name: _____

Day	Time	Week *	Type of Service	Location **
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	

Church 2 Name: _____

Day	Time	Week *	Type of Service	Location **
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	

Church 3 Name: _____

Day	Time	Week *	Type of Service	Location **
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Traditional <input type="checkbox"/> Contemporary <input type="checkbox"/> Bible Study <input type="checkbox"/> Other _____	

*Week= 1st Sunday, 2nd Sunday, etc. Location= Sanctuary, Gym, Fellowship Hall, etc.
 Use additional sheets as necessary.