

Sermon Notes

Name: _____ Grade: _____ Date: _____

Sermon by: _____ at All Saints or other _____

Summarize today's sermon in two or more sentences: _____

How can this affect our families' life? How will your life be changed because of this? _____

Parent/Caring Adult Signature _____ Pastor's Signature: _____

Comments/Concerns _____

Please continue on back on page if necessary

Office Use Only - Recorded: _____

Blue rev. 08-7-07

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