



U- Group Recap Form

Name _____

Date _____

Week _____ of 8

Study Topic Discussed and Scriptures Used:

Number of Group Members
this week: _____

Length of meeting: _____

Prayer Requests:

Concerns, Challenges or Follow UP Items;

Next Meeting: _____

Time: _____

Location: _____

Snack Provider: _____

(Over)



Social Activity or Community Service Plans or Interests:

Date, Time & Location

Additional Comments: