

Worship Experience Sheet

NAME

DATE

WHAT IS THE DAY OF
THE CHURCH YEAR?

WHAT
COLOR
ARE
THE
PARAMENTS?



WHO GAVE THE
SERMON TODAY?



WHAT ARE YOU CARRYING
INTO WORSHIP TODAY?

WHAT IS YOUR PARENT CARRYING
INTO WORSHIP TODAY? (ASK THEM)

WHICH OF THE
READINGS DID
YOU CONNECT
WITH
THE MOST?

AND WHY?

WHAT PIECE OF MUSIC TOUCHED YOU THE MOST? WHY?



DESCRIBE WHAT YOU LEARNED FROM THE SERMON:

WHAT DID THE PASTOR SAY TODAY THAT
MADE AN IMPACT ON YOU AS A CHILD OF GOD?

WHAT IMPACTED YOUR
PARENT TODAY IN THE
SERVICE? (ASK THEM)

WHAT WAS YOUR
FAVORITE PART
OF THE SERVICE?

WHAT IS 1 THING YOU CAN
DO OR CHANGE THIS WEEK?
(CONSIDER TODAY'S SERMON)

WOULD YOU HAVE DONE ANYTHING DIFFERENTLY TO CHANGE
OR IMPROVE TODAY'S WORSHIP SERVICE? (CIRCLE ONE) YES NO
IF YES, SHARE: