

Group Study/Resource Review

***Required fields:**

1. Your name*: _____

2. Your Email address*: _____

3. Your phone number: _____

4. Title of Study/Resources*:

5. Author of Study/Resources*: _____

6. Type of Study/Resource* (Book of Bible (i.e., Matthew), Topic (Prayer), or Reference (i.e., Commentary)):

7. Rate the Study/Resource* (Circle the rating below)

Great Good Average Fair Do Not Recommend

8. Provide brief reason*.

9. Would you be willing to be contacted by other groups concerning this study*? _____

10. What materials were used? (book, leader's guide, DVD, participant's guide, other)

11. Level of Study: (Circle the level below)

Beginner Intermediate Advanced

12. Target Audience: (Circle the target audience below)

Men Women Mixed

13. Video length: _____

**Please return this completed form to the Resource Center mail slot or via email to:
groupresourcecenter@glenmarumc.org**