

## Prayer, Praise and Pastoral Handling Report

(You must use Adobe Reader version 7.05 or above to process this form)

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Email: \_\_\_\_\_

Called in by: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this prayer request confidential?  Yes  No  
(If yes, only pastors and ministry staff directors will be notified.)

Is this regarding an attender of Friendship Church?  Yes  No  
If YES, what campus do they attend? \_\_\_\_\_ Prior Lake \_\_\_\_\_ Shakopee  
If No, please enter the following contact information:  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Prayer/Praise Regarding:

Select a Hospital:

Room # \_\_\_\_\_

Follow Up Information:

Clicking the Submit Form button will automatically send this prayer request to all ministry support staff and also notify the prayer chain.

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