

Continuing Formation Event Evaluation Form

Rocky Mountain Conference of the United Methodist Church

Name and date of continuing formation event:

How did this event fit into your continuing education goals?

How did this event or class benefit your ministry?

What are some things you learned from this experience?

Name: _____ Phone: _____

Address: _____

Date form submitted: _____

(Note: This form is to be submitted to the Continuing Formation Coordinator upon completion of the event or class. Failure to do so will result in no additional funding from the Board of Ordained Ministry.)

report by Jan. 15 to your district superintendent and:

Rev. Kent Ingram, Continuing Formation Coordinator, Board of Ordained Ministry
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