Walloon Lake Youth Community Outreach

Name: _____ Age: _____ Best way to contact you: _____

Circle the person in need or family faith background:

WLCC Member WLCC Attender Attends a Church Non Believer Unknown

Describe the need:

Describe your plan of action using Walloon Lake Youth Community Outreach:

Final plan of action using Walloon Lake Youth Community Outreach: **(For ministry leaders to fill out)**