

## Good News Club® Counseling Card

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Counseled for \_\_\_ Salvation \_\_\_ Assurance

Decision: \_\_\_\_\_

Address\*  
\_\_\_\_\_  
\_\_\_\_\_

Church/Sunday school\*  
\_\_\_\_\_  
\_\_\_\_\_

Counseled By: \_\_\_\_\_

Date counseled: \_\_\_\_\_ School Name \_\_\_\_\_

\*Fill in this information from the child's Permission Slip from home.

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