

CONTACT INFORMATION

8	Leader Name:	
•	Address:	
	Email:	
©	Phone Number:	
MISSIONS MONEY GIVEN:		
1. Translations		
2. Kids On A Mission (YWEA)		

YOUR ACTIVITIES

3. Covenant Team _____

List social activities and service projects your ministry participated in this month on a separate sheet of paper and include it with this report.

If mailing your report, please send to your State Office, postmarked by the 5th of the month.

Girls MINISTRY

REACHING TODAY'S GIRLS WITH GOD'S PROMISES!

Local Report Form			
Month	Year		
NAME OF CHURCH-			
CITY	STATE		
Z I P -	FILE NO.		
THIS REPORT IS FOR			
3-5 years			
☐ 1st-3rd grades			
4th-6th grades			
7th-12th grades			
1. Number of meetings	_		
2. Total attendance			
3. Number of Prayer Mothers			
4. Number of girls working on Curriculum			
5. Number of girls working on Merit Studies			
6. Number of students involved in Small Groups			
7. Number of students using otl	ner COG materials		

8. Number involved in service activities at church or school