



Church/Institution Adventurer Monthly Report

(Send this report to the Conference by the 10th of each month)



Month: _____

Church/Institution Name: _____

Adventurer Club Name: _____

Meeting Place: _____ Day(s) _____ Time(s) _____

Director: _____

Club Membership: _____ No. of Staff: _____ No. of Adventurers: _____

Average Attendance: _____ Staff: _____ Adventurers: _____

No. of Club Meetings held this month: _____

No. of Staff Meetings held this month: _____

No. of Persons in Full uniform: _____ Partial uniform: _____ Without uniform: _____

Class work done this month? Yes No

How many in each class?		Boys	Girls
Busy Bee		_____	_____
Sun Beam		_____	_____
Builder		_____	_____
Helping Hand		_____	_____

Please list the Awards you are currently working on. _____

Has your Club held any of the following this month? Field Trip Camp-out

Child/parent activity Family network meeting Other

Indicate what witnessing activity your club has sponsored this month. _____

Signed _____

Adventurer Director

Date _____

N.B: The Youth Department would be happy to receive photos of your activities together with your monthly reports.