LOCAL CHURCH VACATION BIBLE SCHOOL REPORT

2015

Please complete this report online at **www.childmin.com**, fax to 301-680-6464, or mail to NAD Children's Ministries (See reverse)

Confere	ence			(See reverse)
Name o	f church		L	,
Director	's name			
E-mail_			Phone	
Address	8			
Have yo	ou hosted a VBS at your ch	nurch this year?	☐ YES ☐ N	0
Dates o	f VBS			
	Attendance	SDA	Non-SDA	TOTAL
	CHILDREN			
			l	
		Adult	Teen	TOTAL
	STAFF			
			<u> </u>	
Adult se	eminar held during VBS?	☐ YES ☐ NO		
Name o	of VBS program used:			
-	AdventSource (nan	ne)		
-	Review & Herald (na	ıme)		
-	Other (name)		Publisher_	
Numbe	of staff who attended a co	onference-sponso	red VBS worksh	nop
Numbe	r of staff who completed the	e online training a	t www.adventis	tvbs.org
Someth	ing special that worked for	us		
Our pla	ns for follow-up			
•	1			

FOLD HERE	
	Place Stamp Here
FOLD HERE	