

Southern California Conference Adventurer Club Monthly Report
This report must be postmarked, emailed, or faxed by the 10th of the following month



Church Name: _____ Report for Month of: _____

Membership: Boys: _____ Girls: _____ Staff: Men: _____ Women: _____

Dates of Meetings: _____ Time: _____

1. Number of meetings: (minimum of 2 per month)

2. Class Work: (How many in each class)

Little Lamb _____
 Eager Beaver _____
 Busy Bee _____
 Sunbeam _____
 Builder _____
 Helping Hand _____
 Helping Hand Adv. _____

3. Stars, Chips & Awards Working On (Specify):

4. Crafts Working On: (these are not to be crafts that are connected to the awards)

5. Field Trips/Official Church Activities:

- | | | |
|---|------------------------------|-----------------------------|
| 6. Did you have worship before your meetings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you have at least 80% in attendance: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Was Uniform worn during meetings (Field or Class A)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did you have parent/child activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Did you hold a monthly staff meeting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Conference Sponsored Event, name, and date: _____

Conf. Leadership Trainings, Morning Devotional, Director's meeting (2 points per session) Describe below: Specify and the date: _____

Give dates when the following activities are completed. Report only for the current month.

Registration: _____ Induction: _____

Investiture: _____ Share Your Faith/Outreach: _____

Fun Day, briefly describe the event: _____

Authorized Signature (Print or Type) _____

Mail this form to: Youth Ministries Dept., PO Box 969, Glendale CA 91209-0969

Fax: 818-546-8430

Email: nbarriga@sccsda.org