

GAMBIA CONFERENCE



CHAPLAINCY DEPARTMENT (CAMPUS MINISTRIES)

Quarterly Report Form

District Reporting: _____

Closing Date: _____

Number of Churches: _____ Number of Churches Reporting: _____

Number of Companies: _____ Number of Companies Reporting: _____

Number of Branches: _____ Number of Branches Reporting: _____

	No. of Branches You Have this Quarter	Member-ship this Quarter	No. Baptized this Quarter	Crusades Conducted by Campus Ministries this Quarter	No. Baptized from Campus Ministries Crusades this Quarter	No. of Companies/ Churches Organized this Quarter	Vespers/ Bible Studies/ Rallies/ Conferences Conducted this Quarter
Private Colleges/ Universities in your area							
Government Colleges/ Universities in your area							
Number of Campus Ministries Branches in Your Area							
Total							

Write below other activities done which are not reported above (Name of the activity, date, attendance, achievements, etc):

1. _____
2. _____
3. _____
4. _____

Report Submitted by: Name: _____ Signature _____

Phone Number: _____

Quarter Ending: _____ Date Sent: _____