

# 201\_\_ ASSOCIATIONAL VBS CLINICS FINAL REPORT

Association \_\_\_\_\_ Date of Report \_\_\_\_\_

VBS Director \_\_\_\_\_ Address \_\_\_\_\_

## Conference Attendance

Date Clinic Held	Early Planning Conference	Main Clinic 1	Main Clinic 2	Other VBS Clinic	Mission Clinic	BKC Clinic
	( )	( )	( )	( )	( )	( )
Babies—2s		_____	_____	_____		
3s—Pre-K		_____	_____	_____		
Kindergarten		_____	_____	_____		
All Preschool (in one class)		_____	_____	_____	_____	_____
Younger Children		_____	_____	_____		
Middle Children		_____	_____	_____		
VBX Preteen		_____	_____	_____		
All Children (in one class)		_____	_____	_____	_____	_____

LIST OPTIONS PROVIDED BY YOUR ASSOCIATION (Ex. music, crafts)

Do not include the attendance of conferences who were reported in numbers above.

_____		_____	_____	_____		
_____		_____	_____	_____		
_____		_____	_____	_____		
Student		_____	_____	_____	_____	
Adult		_____	_____	_____	_____	
Special Needs		_____	_____	_____	_____	
Pastors/VBS Directors		_____	_____	_____	_____	_____
Evangelism	_____	_____	_____	_____		
Backyard Kids Club	_____	_____	_____	_____		
Additional Attendees/Support	_____	_____	_____	_____	_____	_____

**Total Attendance  
at each clinic**

\_\_\_\_\_

**COMBINED TOTAL ATTENDANCE, ALL CLINICS:** \_\_\_\_\_

## PARTICIPATION REPORT

- Number churches and missions in the association \_\_\_\_\_
- Number of these churches represented in at least one clinic \_\_\_\_\_
- Number of pastors attending at least one clinic (Count only one Time, even if they attend several clinics.) \_\_\_\_\_
- Number of clinics conducted in the association \_\_\_\_\_

*Note to compiler: Send one copy to your STATE SUNDAY SCHOOL DEPARTMENT. File one copy in your associational office.*

Permission granted to duplicate this form.

