

# ASSOCIATIONAL VBS TEAM PLANNING REPORT

ASSOCIATION \_\_\_\_\_ TEAM LEADER \_\_\_\_\_

## OUR GOALS

GOAL AREA	LAST YEAR'S RECORD	THIS YEAR'S GOALS
1. No. Churches in Association	_____	_____
2. No. Church VBSs, MVBSs, BKCs	_____	_____
3. Enrollment Church VBS, MVBS, BKC	_____	_____
4. No. Prospects	_____	_____
5. Total Attendance at Associational Clinics	_____	_____
6. No. VBS Link-ups	_____	_____
7. No. of Churches with Standard Schools	_____	_____
8. No. of Churches with Advanced Standard Schools	_____	_____

## OUR PLANS

### 1. VBS CLINICS SCHEDULED

	DATE	TIME	LOCATION
VBS Early Planning Conference	_____	_____	_____
Day Clinic	_____	_____	_____
Night Clinic	_____	_____	_____
Mission VBS/BKC Clinic	_____	_____	_____

### 2. VBS LINK-UP possibilities (List churches that did not conduct a VBS last year.)

Church	Reason for no VBS	Need Link-Up (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 3. PLACES WHERE A MISSION VBS could be held (Add asterisk if this could become a new Sunday School.)

Place/Location	Special Needs to Consider (Language, ethnic, space, etc.)	Possible Sponsoring Church
_____	_____	_____
_____	_____	_____

### 4. PLACES WHERE BACKYARD KIDS CLUBS could be held

Place/Location	Possible Sponsoring Church
_____	_____
_____	_____

5. OTHER NEEDS we will attempt to meet \_\_\_\_\_  
\_\_\_\_\_

6. NEXT TEAM PLANNING MEETING: \_\_\_\_\_ (date) \_\_\_\_\_ (location)

Permission is granted to duplicate this form.

