

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.

