

National Youth Department Quarterly Report Form

1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

Local Assembly: _____

President: _____

Vice-President: _____

Pastor: _____

Date Submitted: _____

Department Meeting Information

<u>Date of Meeting</u>	<u>Number of Attendees</u>	<u>Topics Discussed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership Information

Please list the number of youth you have in each category:

Ages 14-17: _____ Ages 10-13: _____

Ages 6-9: _____ Ages 4-6: _____

Ages 0-3: _____

Special Projects

Please list any special projects you have undertaken during this quarter:

National Assistance Needed

Are there areas where you need assistance from the National Youth Department? ___yes ___no

If yes, please explain _____
