

201__ ASSOCIATIONAL VBS CLINICS FINAL REPORT

Association _____ Date of Report _____

VBS Director _____ Address _____

Conference Attendance

	Early Planning Conference	Main Clinic 1	Main Clinic 2	Other VBS Clinic	Mission Clinic	BBC Clinic
Date Clinic Held	()	()	()	()	()	()
Babies—Twos Conf.		_____	_____	_____		
Threes—Pre-K Conf.		_____	_____	_____		
Kindergarten Conf.		_____	_____	_____		
One Preschool Conf.		_____	_____	_____	_____	_____
Younger Children's Conf.		_____	_____	_____		
Middle Children's Conf.		_____	_____	_____		
VBX Preteen Conf.		_____	_____	_____		
One Children's Conf.		_____	_____	_____	_____	_____
LIST OPTIONS PROVIDED BY YOUR ASSOCIATION (Ex. music, crafts)						
Do not include the attendance for these conferences if reported in above numbers.						
_____		_____	_____	_____		
_____		_____	_____	_____		
_____		_____	_____	_____		
Youth Conf.		_____	_____	_____	_____	
Adult Conf.		_____	_____	_____	_____	
General MVBS/BBC Conf.		_____	_____	_____	_____	
Pastors/VBS Directors Conf. _____		_____	_____	_____	_____	_____
Evangelism (Pastors) Conf. _____		_____	_____	_____	_____	
Special Education Conf.		_____	_____	_____		
Additional Attendees/Support _____		_____	_____	_____	_____	_____
Club VBS : Directors Conf. _____		_____	_____	_____	_____	
Preschool Conf. _____		_____	_____	_____	_____	
Children's Conf. _____		_____	_____	_____	_____	
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.

