

Evangelists, Missionaries & Ministers Under Other Appointment Report Form for Conference Statistician

This report is to include all information requested for the Conference year ending May 31.

Please send completed form no later than June 10 to:

Conference Statistician
Donald Straight
2327 County Route 38
Brasher Falls, NY 13613

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Report for year ending	20____	Days spent at Zone camp	
Sermons preached		Work days at Zone camp	
Revivals conducted – PHC		Days at Ministerial	
Revivals conducted – other		Days at Annual Conference	
Prayed with for healing		Support	
Number baptized		Gifts and donations	
Marriages conducted		Total receipts	
Funerals conducted		Miles traveled	
Children dedicated			

“I certify that this report is, to the best of my knowledge, complete and accurate.”

Signature here: _____