

**TOBAGO MISSION OF SEVENTH-DAY ADVENTISTS
YOUTH MINISTRIES DEPARTMENT**



A.Y. WEEKLY REPORT FORM

MONTH

DATE & YEAR

ATTENDANCE

VISITORS

NO. OF MAGS ORGANIZED

NO. OF BAPTISMS

NAME OF PROGRAM LEADER

TITLE OF PROGRAM

MAIN POINTS / FEATURES

TIME PROGRAM BEGAN

TIME PROGRAM ENDED

VESPER SPEAKER

TOPIC OF VESPER

PROGRAM EVALUATION