TOBAGO MISSION OF SEVENTH-DAY ADVENTISTS YOUTH MINISTRIES DEPARTMENT



A.Y. SOCIETY MONTHLY REPORT FORM

Name of Church:				
Name of AY Leader:				
Name of Head Secretary:				
Date:				
# of Open Airs	s held:		# of Youth	Services held:
Special Church Program(s) he	ld:			
# of Active Members:		# of Regular Visitors:		# of Baptisms:
Special Community Project	: [

The Head Secretary is responsible for completing the monthly report and ensuring that is is returned to the Tobago Mission Youth Office by the 15th of the following month. This form can be emailed to the following email address <u>tobagoyouthministries@gmail.com</u>