



THE ILLINOIS STATE COUNCIL of the
Pentecostal Churches of the Apostolic Faith Association, Inc.

Sunday School Quarterly Report

Date: _____

NAME OF ASSEMBLY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

PASTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

Superintendent: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: () _____

FOR THE QUARTER OF (MONTHS) _____, _____, _____ **TOTAL**

ENROLLMENT LAST QUARTER: _____

TOTAL ATTENDANCE LAST QUARTER: (INCLUDING VISITORS) _____

TOTAL ENROLLMENT PRESENT QUARTER: _____

TOTAL INCREASE OR DECREASE IN ENROLLMENT: _____
(CIRCLE ONE)

SUPERINTENDENT PRESENT: YES _____ NO _____

WE ARE SENDING \$ _____ TO THE COUNCIL (FOR THE ILLINOIS STATE SUNDAY SCHOOL ASSOCIATION)

WE ARE SENDING \$ _____ TEACHER'S FEE (10 CENTS PER MONTH PER TEACHER)

WE ARE SENDING \$ _____ DIME FUND (MINIMUM OF \$1.00 PER MEMBER)

WE ARE SENDING \$ _____ SCHOLARSHIP FUND

WE ARE SENDING \$ _____ CHAIRMAN'S LOVE OFFERING

WE ARE SENDING \$ _____ CHAIRMAN EMERITUS' LOVE OFFERING

TOTAL AMOUNT WITH THIS REPORT \$ _____

REMARKS: _____

SUNDAY SCHOOL FIELD WORKER: _____

SIGNED: _____

(SECRETARY)

Note: This report must be properly filled out and submitted at each quarterly session of the Illinois State Council