



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

**Youth Department Quarterly Report**

Date: \_\_\_\_\_

**NAME OF ASSEMBLY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**PASTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**CHAIRMAN:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**FOR THE QUARTER OF (MONTHS)** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

OUR MEETINGS BEGIN AT \_\_\_\_\_ P.M, AND ARE HELD ON THE (1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>, 5<sup>TH</sup>)  
(Circle the appropriate week) OF THE MONTH.

OUR YOUTH DEPARTMENT'S ENROLLMENT IS APPROXIMATELY \_\_\_\_\_ PERSONS.

WE USUALLY HAVE AN ATTENDANCE OF \_\_\_\_\_ HOME MEMBERS, AND \_\_\_\_\_ VISITORS.

I ENJOY WORKING WITH THE YOUTH OF THIS ASSEMBLY BECAUSE: \_\_\_\_\_

THE PROBLEMS WE HAVE ENCOUNTERED IN OUR ASSEMBLY ARE: \_\_\_\_\_

OUR APPROACH TO THESE PROBLEMS ARE: \_\_\_\_\_

WE ARE SENDING \$ \_\_\_\_\_ TO THE COUNCIL

WE ARE SENDING \$ \_\_\_\_\_ CHAIRMAN'S LOVE OFFERING

TOTAL AMOUNT WITH THIS REPORT \$ \_\_\_\_\_

SIGNED: \_\_\_\_\_

DELEGATE

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