



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 (1ST, 2ND, 3RD, 4TH, 5TH)
(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 ILLINOIS STATE YOUTH AUXILIARY

WE ARE SENDING \$ _____ ISYA 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