

## Women's Ministries Report

Conference/Mission: \_\_\_\_\_ Quarter ending: \_\_\_\_\_ (month) Year: \_\_\_\_\_

1. Name of Church: \_\_\_\_\_
2. No. of persons baptized as a direct result of Women's Ministries: \_\_\_\_\_
3. Kindly fill in the activities conducted:

Date	Activity	Number conducted	No. of SDA Women Attending	No. of Non SDA Women Attending
	Crusade			
	Prayer Breakfast			
	Retreats			
	Seminar/Workshops			
	Community Outreach 1. 2. 3.			
	Fitness Programs			
	Prayer Ministries			
	Fundraisers			
	Education (eg Literacy, AIDS etc)			
	Bible Study Groups			
	Support Groups (eg. Grief, divorce)			
	Cooking/Nutrition Classes			
	Other 1. 2. 3. 4. 5.			

Name of Leader: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**THIS REPORT MUST BE EMAILED BY THE FIRST OF THE FOLLOWING MONTH:**

**April, July, September, January**