

Associational VBS Clinics Final Report

Association _____ Date of Report _____

VBS Director _____ Church Address _____

Conference Attendance

	Early Bird	Clinic #1	Clinic #2	Other
Date of Clinic:	()	()	()	()
Worker's Kids (Birth - 3yrs)				
Preschool (4 yrs - Kindergarten)				
Children (1 st - 6 th Grade)				
Students				
Adults				
Special Friends				
Directors/Pastors				
Backyard Kids Club				
Other Rotation Breakouts				
(examples: crafts, music, all rotations combined, etc.)				

Total (each clinic)				

COMBINED TOTAL ATTENDANCE: _____

Participation Report

- Number of churches & Missions in the association _____
- Number of these churches represented in at least one clinic _____
- Number of pastors attending at least one clinic (count only once) _____
- Number of clinics conducted in the association _____



NOTE: Send one copy to pburns@alsbom.org or mail to:
Alabama Baptist State Board of Mission, P O Box 681970, Prattville, AL 36068