

Associational VBS Clinics Final Report

Association _____ Date of Report _____

VBS Director _____ Address _____

Conference Attendance

Date of Clinic:	Early Bird ()	Clinic # 1 ()	Clinic #2 ()	Clinic #3 ()	BKC Clinic ()
Babies-2s		_____	_____	_____	_____
3s-Pre-K		_____	_____	_____	_____
Kindergarten		_____	_____	_____	_____
Babies-Kindergarten combined		_____	_____	_____	_____
Grades 1-2		_____	_____	_____	_____
Grades 3-4		_____	_____	_____	_____
Grades 1-4 combined		_____	_____	_____	_____
VBX (Grades 5-6)		_____	_____	_____	_____
Grades 1-6 combined		_____	_____	_____	_____

List Rotation Breakouts Offered

(examples: crafts, music, all rotations combined, etc.) Do NOT include conferees who have already been counted in the above totals.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student VBS		_____	_____	_____	_____
Adult VBS		_____	_____	_____	_____
Special Friends		_____	_____	_____	_____
Directors/Pastors	_____	_____	_____	_____	_____
Backyard Kids Club		_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Totals (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 your state convention office and keep one copy for your records.

