

Associational VBS Team Planning Report

ASSOCIATION: _____ TEAM LEADER: _____

OUR GOALS

GOAL AREA	LAST YEAR'S RECORD	THIS YEAR'S GOALS
1. Number of Churches in Association	_____	_____
2. Number of Church VBSs, MVBSs, BKCs	_____	_____
3. Enrollment Church VBS, MVBS, BKC	_____	_____
4. Number of Prospects	_____	_____
5. Total Attendance at Associational Clinics	_____	_____
6. Number of VBS Link-ups	_____	_____

OUR PLANS

1. VBS CLINICS SCHEDULED

	DATE	TIME	LOCATION
VBS Early Planning Conference	_____	_____	_____
Day Clinic	_____	_____	_____
Night Clinic	_____	_____	_____
Mission VBS/BKC Clinic	_____	_____	_____

2. VBS LINK-UP POSSIBILITIES *(List churches that did not conduct a VBS last year.)*

Church	Reason for No VBS	Need Link-up (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. PLACES WHERE A BKC OR MISSION VBS COULD BE HELD *(Add an asterisk if this site could become a new Sunday School.)*

PLACE/LOCATION	SPECIAL NEEDS TO CONSIDER <i>(Language, space, etc.)</i>	POSSIBLE SPONSORING CHURCH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. OTHER NEEDS WE WILL ATTEMPT TO MEET: _____

5. NEXT TEAM PLANNING MEETING: _____ (date) _____ (location)