SOUTH CENTRAL CONFERENCE OF SEVENTH-DAY ADVENTIST YOUTH MINISTRIES

ADVENTURER MONTHLY REPORT

Reporting Month: _____

CLUB INFORMATION

Name of Church: _____ **Name of Club:** _____

Director's Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Current Club Membership: **Adventurers:** _____ **Staff:** _____

DIRECTORS' ACTIVITY REPORT

DIRECTORS: PLEASE DO NOT FILL IN THE SCORE SECTION OF THE REPORT. FOR OFFICE USE ONLY!

		SCORE
1.	**Number of meetings held this month** ***(5 points per meeting; 20 pts. maximum).*** *Please indicate by checking the box. If other, please fill in the number of meetings held this month)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ (Other)	
2.	**Average attendance at Club Meetings** *(please select one)* ☐ 25-49 % 5 pts. ☐ 50-74% 8 pts ☐ 75-94% 12 pts. ☐ 95-100% 15 pts.	
3.	**Percentage in uniform** *(please select one)* ☐ 25-49 % 5 pts. ☐ 50-74% 8 pts ☐ 75-94% 12 pts ☐ 95-100% 15 pts	
4.	**Outreach activities for this month** – List each *(**5 pts** per project; 20 pts maximum)* 1. _____ 2. _____ 3. _____	
5.	**Conference sponsored event this month: (10 pts)** Date: _____ Location: _____	
6.	**Field trip taken this month: (10 pts)** Date: _____ Location: _____	
7.	**Is your club preparing for investiture? (10 pts) Yes ☐ No ☐**	
8.	**Special Adventurer program for the month? (10 pts) Yes ☐ No ☐** 1. Date: _____ Location: _____ 2. Date: _____ Location: _____	
9.	**Federation dues paid? (10 pts.) Yes ☐ No ☐ Date:**	
10.	**Report submitted by the 10th of the month? (10 pts) Yes ☐ No ☐**	
11.	**Do you have a Little Lambs Program? (10 pts) Yes ☐ No ☐** *If yes, Number of Children:* _____ *Number of Adults:* _____	
12.	**Do you have an Eager Beaver Program? (10 pts.) Yes ☐ No ☐** *If yes, Number of Children:* _____ *Number of Adults:* _____	

PLEASE SEND TO:

South Central Conference of Seventh-day Adventist
Youth Ministries
715 Youngs Lane
Nashville, TN 37207
Phone: 615.226.6500 x137

sccyouthministry.com