



## Girls Clubs Local Monthly Report Form

### Mail Report

All Girls Clubs reports must be postmarked by the 5th of each month and mailed to your **STATE OFFICE**.

### Office Use Only

|             |          |
|-------------|----------|
| Date        | _____    |
| Amount      | \$ _____ |
| Check #     | _____    |
| Trans./Pub. | \$ _____ |
| Missions    | \$ _____ |

Check if address changed this month.

Month \_\_\_\_\_

Year \_\_\_\_\_

Check the club for which this report is being made.

LS     
  BB     
  JB     
  YLM

Name of Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Church No. \_\_\_\_\_

- |   |       |
|---|-------|
| 1. Number of meetings                       | _____ |
| 2. Total attendance                         | _____ |
| 3. Number of Prayer Mothers                 | _____ |
| 4. Number of girls working on curriculum    | _____ |
| 5. Number of girls working on Merit Studies | _____ |
| 6. Number of women receiving <i>Insight</i> | _____ |
| 7. Number of socials or service projects*   | _____ |

*\* Please list all "Girls Clubs Happenings" on a separate sheet of paper and include it with this report.*

#### SHOWCASE YOUR GIRLS CLUBS HAPPENINGS

List social activities and service projects in which your Girls Clubs participated this month on a separate sheet of paper and include it with this report.

(See "Clarifications and Explanations" on page 2 for examples.)

#### MISSIONS MONEY ENCLOSED:

- |                              |          |
|------------------------------|----------|
| 1. Translations              | \$ _____ |
| 2. Girls On A Mission (GOAM) | \$ _____ |

NAME OF COUNSELOR \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECRETARY/TREASURER \_\_\_\_\_