

MONTHLY
REPORTING
FORM



NORTH AMERICAN MISSIONS UPCI
MISSISSIPPI

MONTHLY REPORTS ARE DUE BY THE 10TH OF EVERY MONTH

CHURCH INFORMATION

Name: _____

Church Name: _____

Address: _____

City, St., Zip: _____

Home Phone: _____ Cell Phone: _____ Church Phone: _____

Text: () Yes () No Email: _____

BUILDING INFORMATION

() Own () Purchasing () Renting Monthly Payment: _____

ATTENDANCE INFORMATION

Average Attendance during this Monthly Report: _____

Number of first time guest during this Monthly Report: _____

Number of repeat guest during this Monthly Report: _____

Number of People receiving the Holy Ghost during this Monthly Report: _____

Number of People Baptized during this Monthly Report: _____

OUTREACH INFORMATION

Number of Home Bible Studies being taught during this Monthly Report: _____

Estimated Number of New Contacts made during this Monthly Report: _____

Methods of Evangelism during this Quarterly Report: () Follow-up Visitation () Door
Knocking () Park Services Other: _____

Which Method of Outreach is most effective for You: _____

MINISTRY INFORMATION

() Jail Ministry () A.C.T.S. () Nursing Home () Spanish Other: _____

Type of Promotions: () Mail-outs () Newspaper () Radio () Website Other:

Has your Sectional N.A.M. Director contacted you this Month: () Yes () No

Special Needs: _____

Praise Reports: _____

Comments: _____

Signature: _____

Please Mail or Email Completed Form To District N.A.M. Director:

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