



TLHD Girls Ministries

Bi-Annual Report

- 1st Half (June 15)
- 2nd Half (December 15)

Person filling out Report:	Church Information:
Name: _____ Position: _____ Phone: _____ Email: _____	Church Name: _____ Section: _____ Address: _____ City/St/Zip: _____ Coordinator: _____ <i>(If different from person filing out Report)</i>

Club meeting day: _____ How often? _____

If varies per Club please describe: _____

Clubs	Average Attendance	Visitors	Salvations	Baptisms in the Holy Spirit		
Sunlight Kids						
Rainbows						
Daisies						
Prims						
Stars						
Friends						
Girls Only						
Sponsors						

____ # Of Field Trips

____ # Of Domestic Missions Trips

____ # Of Outreaches

____ # Of Hospital/Nursing Home Visits

____ # Of Community Service

____ # Of Events (Fellowship)

***Highlights: Share testimonies or report on an event or events you felt were very successful.**

Mail Report to: TLHD Girls Ministries P.O. Box 16279 Houston, TX 7722