



# Central Zambia Conference

## Chaplaincy Department

### Campus Ministries

### Quarterly Report Form

Church/District Reporting: \_\_\_\_\_

Closing Date: \_\_\_\_\_

	No. of Branches You Have this Quarter	Membership this Quarter	No. Baptized this Quarter	Crusades Conducted by Youths this Quarter	No. Baptized from Youth Crusades this Quarter	No. of Companies /Churches Organized this Quarter	Vespers/Bible Studies/Rallies/Conferences Conducted this Quarter
Private Colleges/ Universities in your area							
Government Colleges/ Universities in your area							
Number of Campus Ministries Branches in Your Area							

What are the other activities done you think are important for the next office to know ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Submitted by: Name: \_\_\_\_\_ Signature \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

Date Sent: \_\_\_\_\_

