



SOUTH LEEWARD MISSION OF S.D.A
 Youth Ministries Monthly Report
 E-Mail: latoyapelle@gmail.com
kendolson@hotmail.com

Adventurer Monthly Reporting Form

Month: _____ 20 _____
 Club Name/Church: _____
 Director: _____
 Director's Phone Number: _____ E-Mail Address: _____
 Number of Adventurers: _____ Number of Staff Members: _____
 Meeting Time: _____ Meeting Day: _____
 Mailing Address (church): _____
 Mailing Address (director): _____

INSURANCE:

Is the Club insured with the South Leeward Mission of SDA? yes no
 If no, give name of other Insurance Coverage and Policy #: _____

Number of meetings this month: _____
 Working on class work this month: yes no
 How many in each class? Busy Bee: _____ Sunbeam: _____
 Builder: _____ Helping Hand: _____
 Helping Hand Advanced: _____ Total: _____
 Working on Awards this month? yes no
 If yes, please list the Award names: _____

STAFF DEVELOPMENT:

Number of Training Programs held this month: _____
 Number of Staff Members Attending: _____
 Number of visits Area Coordinator made to your Club this month: _____
 How did the Church Pastor/Elder share in the Adventurer Club this month? _____

 Crafts completed this month: _____
 What Outreach Activity did the Adventurers Engaged in this Month? _____

 Last month's field trips/extra-curricular activities: _____

 Held a child/parent activity this month? yes no
 Held a Family Network Meeting this month? yes no
 If yes, please list topics: _____

NB: E-Mail or mail this report by the 5th of each month to: SLM of S.D.A, American Road, St. John's, Antigua
 Keep one copy for the Club's File and a copy should be given to the Church Pastor.