

KASAMA CENTRAL CHURCH
CAMP MEETING QUARTERLY REPORT - 2018

Reporting period (please tick): **1st Quarter** () **2nd Quarter** () **3rd Quarter** () **4th Quarter** ()

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____

Area of Training _____

Number of Persons trained _____

2. Number of Departmental/Committee meetings Held _____

3. Number of Bible Studies on Camp Meeting conducted _____

4. Submission of Camp Meeting working budgets done [] Yes [] No

If yes, when _____ Approval Date _____

5. Areas of improvement for Camp Meeting _____

6. Building of additional Toilet block done [] Yes [] No [] In Progress

Status on Building _____

7. Any Comments/Suggestions/Recommendations

Camp Meeting Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____