Print this form, complete and mail to:
SCMRC, Women's Ministries * PO Box 402 * Columbia, SC 29202

Sectional Event Worksheet

Please fill out the entire form.

Season/Quarter: [ ] Spring [ ] Summer [ ] Fall [ ] Winter

Section _____ Event Theme:_____

Date: _____ Place:_____

Host Pastor: _____ Host Leader:_____

Type of Event:

[ ] Meal Function [ ] Worship Service [ ] Workshops/Seminar
[ ] Leadership Training Course [ ] Other_____

Features:

[ ] Special Singing Group [ ] Missionaries [ ] Honoring Pastors
[ ] Honoring Pastor's Wives [ ] Senior Adults [ ] Professional Women
[ ] Joy Fellowship [ ] Retired Ministers [ ] Young Mothers
[ ] Home Mission Ministers [ ] Teen Challenge [ ] Hillcrest/Highlands
[ ] Film/Video District Tour [ ] Other_____

Guest Speaker: _____ Special Singers: _____

Musicians: [ ] Piano [ ] Organ [ ] Praise Team [ ] Other _____

Song Leader:_____

Promotion & Handouts for Local Leaders:

[ ] Joy Fellowship Ideas
[ ] Leadership Tips
[ ] Project Announcements
[ ] District Activities, Retreats, District Council, etc.
[ ] LIFE Projects
[ ] Heartline Project

Please tell us of the Spiritual results of your meeting._____

_____

_____

_____

Sectional Finance Report:	
Brought Forward	$_____
Receipts	$_____
Disbursements	
_____	$_____
_____	$_____
Total	$_____
Balance	$_____
Tithe To District	$_____

Churches Participating:	No. Present
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____