

# SOUTH CAROLINA CAMPERS ON MISSION (COM) MISSIONS ACTIVITY REPORT

Complete one form for EACH project



Name \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's Name, if including spouse's activity \_\_\_\_\_  
 Children's Names, if including their activity \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_ Email address \_\_\_\_\_

Name / Location of Project \_\_\_\_\_  
 Date(s) of Project \_\_\_\_\_ Total Hours Volunteered on This Project \_\_\_\_\_

EVANGELISTIC ACTIVITIES:    \_\_\_\_\_ # of Bibles/tracts distributed                      \_\_\_\_\_ # of professions of faith  
    \_\_\_\_\_ # of Bible studies /VBS classes held                      \_\_\_\_\_ # of rededications  
    \_\_\_\_\_ # of times you shared your God stories                      \_\_\_\_\_ # Other decisions

**CHECK TYPE OF PROJECT/MISSIONS ACTIVITIES:**

- |  |   |
|--|---|
| ___ Campground & Resort Ministries<br>___ Church Construction / Repairs / Maintenance<br>___ Fairs / Festivals / Special Events<br>___ Disaster Relief / Rebuilding Homes<br>___ Christian Camps/Conference Centers<br>___ Children's Home or Camp Ministries<br>___ Medical / Dental Ministry<br>___ VBS / Children's Ministries<br>___ Prayerwalking / Revivals / Preaching<br>___ Food Ministry | ___ Sewing Ministry<br>___ Music Ministry<br>___ Prison Ministry<br>___ College Ministries<br>___ Raceway / Seafarer's Ministry<br>___ Arts / Crafts<br>___ Convention/Trade Show Booth<br>___ Administration<br>___ Clowning / Facepainting<br>Other _____ |
|--|---|

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other SC COM Members Present: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete this form for each project, if possible. Either 1) Scan and email to SC COM Secretary at [cathywillis54@gmail.com](mailto:cathywillis54@gmail.com) or 2) mail to 691 Sam Brown Rd, Seneca, SC 29678.