

# 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Campground & Resort Ministries              | <input type="checkbox"/> Sewing Ministry               |
| <input type="checkbox"/> Church Construction / Repairs / Maintenance | <input type="checkbox"/> Music Ministry                |
| <input type="checkbox"/> Fairs / Festivals / Special Events          | <input type="checkbox"/> Prison Ministry               |
| <input type="checkbox"/> Disaster Relief / Rebuilding Homes          | <input type="checkbox"/> College Ministries            |
| <input type="checkbox"/> Christian Camps/Conference Centers          | <input type="checkbox"/> Raceway / Seafarer's Ministry |
| <input type="checkbox"/> Children's Home or Camp Ministries          | <input type="checkbox"/> Arts / Crafts                 |
| <input type="checkbox"/> Medical / Dental Ministry                   | <input type="checkbox"/> Convention/Trade Show Booth   |
| <input type="checkbox"/> VBS / Children's Ministries                 | <input type="checkbox"/> Administration                |
| <input type="checkbox"/> Prayerwalking / Revivals / Preaching        | <input type="checkbox"/> Clowning / Facepainting       |
| <input type="checkbox"/> Food Ministry                               | 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 Sharon Ward at [wward10@sc.rr.com](mailto:wward10@sc.rr.com) or 2) mail to 2701 Little River Neck Road, North Myrtle Beach SC 29582.