

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 | ___ Sewing Ministry |
| ___ Church Construction / Repairs / Maintenance | ___ Music Ministry |
| ___ Fairs / Festivals / Special Events | ___ Prison Ministry |
| ___ Disaster Relief / Rebuilding Homes | ___ College Ministries |
| ___ Christian Camps/Conference Centers | ___ Raceway / Seafarer's Ministry |
| ___ Children's Home or Camp Ministries | ___ Arts / Crafts |
| ___ Medical / Dental Ministry | ___ Convention/Trade Show Booth |
| ___ VBS / Children's Ministries | ___ Administration |
| ___ Prayerwalking / Revivals / Preaching | ___ Clowning / Facepainting |
| ___ 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 Secretaries LaNelle & Leon Ishmael at lanelleishmael@yahoo.com or 2) mail to 315 Audubon Circle, Belvedere, SC 29841.