

“SHARE YOUR FAITH”

Project Completion Report



Church: _____ Pathfinder Director: _____

Dates of Project: _____

Number of Pathfinders (adults & children) in your Club: _____

Number of Club Members participating in this project: _____ Percentage: _____%

Describe your Project in Detail: _____

Evaluation (Summarize the success of the project): _____

Number of hour's club worked on project: _____

This form must be submitted to the Florida Conference Youth Ministries Director by **MAY 1st** in order to receive credit. (Fax: 407-618-0279)

Area: _____ Zone: _____ Cluster: _____