

# SHARE YOUR FAITH

## Project Completion Report

### Club of the Year Requirement



Church/Club Name: \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Nature and Details of Project:

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Evaluation (Summarize the success of the project):

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Number of hour's club worked on project: \_\_\_\_\_ hours.

This form MUST be submitted (mailed, faxed, dropped off, etc.) to the Florida Conference Youth Ministries Department by May 1 with your Quarterly Report in order to receive credit.

Area: \_\_\_\_\_ Zone: \_\_\_\_\_ Cluster: \_\_\_\_\_