

BAPTIST ASSOCIATION OF GREATER BATON ROUGE
MISSIONS, MINISTRIES AND MULTIPLICATION
MONTHLY GROWTH REPORT

Submit this report for each work you lead. Send to: Fax (225) 296-3946, Email: baptistassociation@bagbr.org and norma@bagbr.org or mail to: BAGBR, 10560 Airline Highway, Baton Rouge, LA 70816.

MISSION INFORMATION

Month: Year: Check if Any Mission Information has changed

Church Planter's Name:

Mission Church Name:

<input type="text"/>		<input type="text"/>	
E-Mail:	<input type="text"/>	Web-Page:	<input type="text"/>
Phone:	<input type="text"/>	E-Mail:	<input type="text"/>
Mobile Phone:	<input type="text"/>	Phone:	<input type="text"/>
Physical Address:	<input type="text"/>	Fax:	<input type="text"/>
Mailing Address:	<input type="text"/>	Physical Address:	<input type="text"/>
City:	<input type="text"/>	Mailing Address:	<input type="text"/>
State:	<input type="text"/>	City:	<input type="text"/>
Zip Code:	<input type="text"/>	State:	<input type="text"/>
Association:	<input type="text"/>	Zip Code:	<input type="text"/>
DOM:	<input type="text"/>	Parish:	<input type="text"/>
Ethnic Group:	<input type="text"/>	Sponsor:	<input type="text"/>

CHURCH PLANTER ACTIVITIES

MISSION ACTIVITIES / DEVELOPMENT

Contacts (Phone, Mail, Etc.)	<input type="text"/>	Additions by Baptism	<input type="text"/>
First Time Personal Contacts	<input type="text"/>	Other Additions	<input type="text"/>
Personal Cultivative Contacts	<input type="text"/>	Losses	<input type="text"/>
Witnessing Visits	<input type="text"/>	Total Membership	<input type="text"/>
Professions of Faith	<input type="text"/>	SS Enrollment	<input type="text"/>
Scripture / Tract Distribution	<input type="text"/>	SS Avg Attendance	<input type="text"/>
Sermons / Addresses	<input type="text"/>	Primary Worship Ser Avg Att	<input type="text"/>
Denominational Meetings	<input type="text"/>	First Time Visitors	<input type="text"/>
Meeting with Mentor	<input type="text"/>	Number of Small Groups	<input type="text"/>
Days worked on the Field	<input type="text"/>	Avg Attendance of Small Groups	<input type="text"/>
Days worked off the Field	<input type="text"/>	Men's Missions & Ministry	<input type="text"/>
Days off	<input type="text"/>	Women's Missions & Ministry	<input type="text"/>

MISSION FINANCES

RECEIPTS

Undesignated Offerings:	<input type="text"/>
Sponsor:	<input type="text"/>
Cosponsor(s):	<input type="text"/>
Association:	<input type="text"/>
State / NAMB:	<input type="text"/>
Other Undesignated:	<input type="text"/>
<u>Total Undesignated Receipts:</u>	<input type="text"/>
Designated Building Fund:	<input type="text"/>
All Other Designated Funds:	<input type="text"/>
<u>Grand Total All Receipts:</u>	<input type="text"/>

DISBURSEMENTS

Cooperative Program 10%:	<input type="text"/>
Association 2%:	<input type="text"/>
Lottie Moon:	<input type="text"/>
Annie Armstrong:	<input type="text"/>
Georgia Barnette:	<input type="text"/>
Other Mission Gifts:	<input type="text"/>
Pastor / Total Package:	<input type="text"/>
Ministry / Literature:	<input type="text"/>
Facilities / Rent, Utilities:	<input type="text"/>
Office Expense:	<input type="text"/>
All Other:	<input type="text"/>
<u>Total Disbursements:</u>	<input type="text"/>

SIGNIFICANT ACCOMPLISHMENTS and/or MILEPOSTS ACCOMPLISHED:

SIGNIFICANT PLANS FOR NEXT MONTH:

SPECIFIC PRAYER REQUESTS:

LEADERSHIP MEMBERS NAMES:

VOLUNTEERS SENT OUT FROM MISSION:

OUTSIDE VOLUNTEERS UTILIZED:

SIGNATURE:

Date:

NOTE:

Reports must be filled out completely (every block filled), correctly and received by the 15th of the following month in order to receive your monthly supplement check. If not, your check will be held until your report is received at the BAGBR office.

If we do not receive your reports for three consecutive months you will lose your supplement and will have to reapply with no guarantee of reinstatement. (Developed January 2007)