VBS 2019 CHURCH REPORT FORM

Congregation Name:					
Address:	City:	State:	Zip:		
Contact Name:	Phone:	one:			
Thank you for taking time to report your V	BS. You may subm	it your report using one of t	he following op	tions:	
1. ONLINE at www.sbcworkspace.com	. You will need you	r assigned username and pa	assword.		
2. MAIL to your state convention office	e (list of addresses a	available on CD-ROM). Do n	ot mail to LifeW	ay.	
If you conducted multiple events (VBS, Ba church but hosted by another established	SBC church or mis	ssion should be reported by	the host congre	egation and not by you.	
		S RECOGNITION SHOULD NOT TO LIFEWAY CHRIST			
Check all that apply:	itional VBS	☐ Backyard Kids Clu	b # of	Locations	
1. Total Enrollment (sum of a–f)		8. Time of Day		☐ Morning	
a. Workers				☐ Afternoon	
b. Birth–Kindergarten				☐ Evening	
c. Grades 1–6		9. Daily Schedu	ıle	☐ 3 Hours	
d. Grades 7–12				☐ Expanded	
e. Adults Attending a Class				☐ Abbreviated	
f. Special Education/Needs		10. Missions Of (round to n	•		
2. Average Attendance		☐ Cooperative	e Program	☐ Other	
3. Decisions to Accept Christ		11. Resources U	Jsed (check all tl	nat apply)	
4. Decisions for Vocational Ministry		□ LifeWay's	In the Wild™		
5. # Unchurched Individuals Discovered		☐ LifeWay's	☐ LifeWay's Backyard Kids Club®☐ LifeWay's Go & Tell Kids®		
6. Date Event Began		•	Other LifeWay Curriculum		
7. Event Length (# of days)			Other Publisher		
		☐ Created b	y Church		

^{12.} If LifeWay VBS resources did not meet your needs, please attach comments.