



**CHRISTIAN METHODIST EPISCOPAL CHURCH
SIXTH EPISCOPAL DISTRICT
CHRISTIAN YOUTH FELLOWSHIP
QUARTERLY CONFERENCE FORM**

Bishop Kenneth W. Carter, Presiding Prelate

**GEORGIA NORTH REGION: ATLANTA/ROME | AUGUSTA/THOMSON | ELBERTON/GAINESVILLE
CENTRALGEORGIA NORTH REGION: MACON/BARNESVILLE | FORT VALLEY/SAVANNAH
WEST GEORGIA REGION: NORTH COLUMBUS/LAGRANGE | SOUTH COLUMBUS/CORDELE
SOUTH GEORGIA REGION: ALBANY/THOMASVILLE | MOULTRIE/MCRAE/BRUNSWICK**

DATE _____ CHURCH _____

Presiding Elder _____ and members of the _____ Quarterly Conference, it is a privilege to submit this report for the quarter beginning _____ and ending _____.

MEMBERSHIP ACCOUNTABILITY:

Number of members _____
Meetings held _____
Number of members attending meetings _____
Number of Officers _____
Number of Directors _____
Number of Members attending the District Lay Functions _____
Number of Members attending the Annual Conference _____
Number of Members attending the General Conference _____
When do you have your meetings _____
Describe the content of your meetings _____
What materials do you use? _____
Do You use CME Literature and Catechism? Yes _ No _

ACTIVITIES:

Training-Workshops conducted and nature: _____
Number of members in attendance _____
Special activities completed _____
Special activities planned _____

Do you have the following Commissions:

Faith and Growth? Yes _ No _ Chairperson's Name _____
Outreach and Witness? Yes _ No _ Chairperson's Name _____
Stewardship/Fellowship? Yes _ No _ Chairperson's Name _____

STEWARDSHIP:

Amount Received from members _____
Amount Received from activities _____
Total amount Received _____

SPIRITUAL GROWTH:

Members attending Morning Worship _____
Members attending Sunday School _____
Members attending Midweek Services _____

Submitted,
President _____
Pastor _____
Presiding Elder _____
Presiding Bishop _____