

INDIAN CREEK PRIMITIVE BAPTIST ASSOCIATION
Church School and B.T.U.
Congress Report Form

Date _____

Church Name: _____

Church Address: _____ Phone: _____

City/State: _____ Zip: _____

Pastor's Name: _____

Pastor's Address: _____ Phone: _____

City/State: _____ Zip: _____

Superintendent's Name:

Superintendent's Address:
_____ Phone: _____

City/State: _____ Zip: _____

Church School Secretary's Name:

Church School Secretary's Address:
_____ Phone: _____

City/State: _____ Zip: _____

B.T.U. President's Name:

B. T. U. President's Address:
_____ Phone: _____

City/State: _____ Zip: _____

Section I:
Church School Statistical Report

- 1) Our Total Church School Membership Is _____.
- 2) New Members Added during this year _____.
- 3) Out Total B.T.U. Membership Is _____.
- 4) New Members Added to B.T.U. this year _____.
- 5) Letter Money (Amount is Choice of Church) \$ _____

Section II:
Delegates

We are Sending the Following Delegates:

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |
| 7) _____ | |

Section II:
General Information

Registration is \$40.00 per Delegate/Pastor sent to represent your church.
Only Registered Delegates/Pastors have the right to Vote.

We desire to entertain this Convention in _____.

Signature of Superintendent _____

Signature of Pastor _____