

INDIAN CREEK PRIMITIVE BAPTIST ASSOCIATION

Women's Congress Report Form

Date _____

Church Name: _____

Church Address: _____ Phone: _____

City/State: _____ Zip: _____

President of Auxiliary:

Address: _____ Phone: _____

City/State: _____ Zip: _____

Auxiliary Clerk: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____

Pastor's Name: _____

Section I: We are Sending the Following Delegates

1) _____ 2) _____

3) _____ 4) _____

Section II: Our Deceased Members are as follows

1) _____ 2) _____

3) _____ 4) _____

Section I: Church Financial Report

1) Auxiliary Letter \$ _____ 2) Matrons Letter \$ _____

3) Usher Board \$ _____ 4) Choir \$ _____

5) Women of the Church \$ _____ **Total Letter Money \$ _____**

We Desire to Host the Congress in the Year of Lord _____.

President _____

Secretary _____