

NAD CAMP MINISTRIES

2017 Summer Camp Evangelism Report

CAMP NAME _____
CONFERENCE _____
UNION _____

SUMMER CAMP STAFF

Hired Staff for Summer Camp _____ # Volunteer Staff _____

WEEK #	Summer Camp Attendance		Spiritual Decisions	
	Family Campers	All other Summer Campers (including Blind Campers)	# Campers making Decisions for Christ	# Campers Requesting Baptism
1				
2				
3				
4				
5				
6				
7				
8				

SUMMER CAMP TOTALS	
Family Campers	
All other Summer Campers (including Blind Campers)	
# Campers making Decisions for Christ	
# Campers Requesting Baptism	

This form should be completed and sent by September 30th.

Email to: tracywood@nadadventist.org

FAX to: 443-259-4888

Mail to:

NAD Youth & Young Adult Ministries
 Attn: Tracy Wood
 9705 Patuxent Woods Drive
 Columbia, MD 21046

Form Completed By _____ Date _____