**MIDLANDS ZAMBIA CONFERENCE**

 **DEPARTMENT OF YOUTH MINISTRIES**

**2016 YOUTH WEEK OF PRAYER REPORT FORM**

**19TH - 26TH MARCH, 2016**

Name of District/Church Reporting: ……………………………………………………………..

Submitted by:……………………………………… Post:……………..………………… Signature:…………..….………..………………… Phone No. …………………………

**Attendance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | No. of Children 0-12 Yrs. Old | No. of 13-35 Year Olds | No. of 36+ Year Olds | Visitors (Non Adventist) | Total |
| 1 Sabbath Night |  |  |  |  |  |
| 2 Sunday |  |  |  |  |  |
| 3 Monday |  |  |  |  |  |
| 4 Tuesday |  |  |  |  |  |
| 5 Wednesday |  |  |  |  |  |
| 6 Thursday |  |  |  |  |  |
| 7 Friday |  |  |  |  |  |
| 8 Sabbath |  |  |  |  |  |
|  |  |  |  |  |  |

**Others Statistics**

1. Number of pieces of literature distributed ………………………
2. Number of youth involved in door to door invitations to week of prayer ………………….
3. Number of Converts …………………….
4. Number of souls baptized …………………..
5. Did you conduct a community service program? Yes/No ……………….
6. Value of food, clothes etc. of materials given out to the community during the week …………..
7. Did you conduct any Health Expo? Yes/No ……………...
8. What were the features of your health Expo? ………………………………………………
9. Did you observe GYD? If you did, send pictures to: *prestonmwiinga@gmail.com*
10. Narrate briefly other highlights of your experience during the week of prayer below. You can use the rear of this report form for detailed narrations:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………..