

**NORTH CAROLINA DISTRICT COUNCIL (NCDC)
PCAF INTERNATIONAL, INC.**

PARENT BODY REPORT BLANK

DATE: _____

Name of Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Pastor's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Membership Total: _____		
ADULTS	YOUTH (12-16)	JUNIOR (11 & UNDER)

Number Holding PCAF's Credentials: _____

Ordained: _____ Licensed: _____ Local License: _____ Deacons: _____

Local Church Activity Report

Number of Baptisms Since Last Council: _____ Number Holy Ghost Filled Since Last Council: _____

Name of Your District Elder: _____ Date of D/E Visit: _____

Love Offering to the Parent Body Auxiliary (<i>suggested minimum offering - \$100.00</i>)	\$
Love Offering to the Diocesan Bishop	\$
Love Offering to the Council Chairman	\$
Love Offering to the Council Vice-Chairman	\$
Love Offering to the Council Site	\$
Love Offering to Voice in the Wilderness	\$
<i>Total Offerings with this Report</i>	\$

Remarks:

Delegate: _____