

# CHURCH VISION AND PROGRESS REPORT

Date: \_\_\_\_\_

Church Name \_\_\_\_\_  
 Pastors Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State & Zip \_\_\_\_\_

*CURRENT CHURCH INFORMATION*

**Pastors Names**

Senior \_\_\_\_\_  
 Associate \_\_\_\_\_  
 Youth \_\_\_\_\_  
 Children \_\_\_\_\_  
 Other \_\_\_\_\_

*SUNDAY SCHOOL TEACHERS*

**Number**

Adult \_\_\_\_\_  
 Youth \_\_\_\_\_  
 Children \_\_\_\_\_  
 Nursery \_\_\_\_\_

*NUMBER OF CUSTODIANS* \_\_\_\_\_

*CHURCH SERVICES*

**Attendance**

Sunday Morning \_\_\_\_\_  
 Sunday Night \_\_\_\_\_  
 Weekday Service \_\_\_\_\_  
 Bible Study \_\_\_\_\_

*ARE THE ATTENDANCE NUMBERS STEADY?* YES \_\_\_ NO \_\_\_  
*IF YES, HOW LONG* \_\_\_\_\_

*MEASURED ATTENDANCE INTERVALS*

	3 Months	6 Months	9 Months	1 Year
Sunday Morning	_____	_____	_____	_____
Sunday Night	_____	_____	_____	_____
Mid-Week	_____	_____	_____	_____
Bible Study	_____	_____	_____	_____
New Believers	_____	_____	_____	_____
Discipleship	_____	_____	_____	_____
Desired Growth	_____	_____	_____	_____

*WHAT WILL BE THE SIZE OF YOUR CHURCH IF DOUBLED?*

	1 Year	2 Years	3 Years
This should be your vision	_____	_____	_____

Send Copies to: Acts 20/20 Ministries, 155 Stonington Drive, Mount Airy, GA 30563 or fax to 706-754-0413