

[DISTRICT) UNITED METHODSIT WOMEN

MISSION STUDY REPORT

Please complete one form for each study completed

Send form to: Name _____ email _____

Mailing address _____

NAME OF CHURCH _____

NAME OF STUDY _____

NAME OF STUDY FACILITATOR: _____

DATE COMPLETED _____

NUMBER OF HOURS _____

FROM _____ TO _____

TOTAL NUMBER OF PARTICIPANTS _____

PARTICIPATING UNIT (S)* _____

WERE YOU THE HOST FOR THE STUDY? _____ YES _____ NO

IF NO, HOW MANY PARTICIPATED FROM YOUR UNIT? _____

ACTION (S) PLANNED/TAKEN AFTER THE STUDY _____

Name of Person Completing Form _____

Phone _____ Email _____

*Participating unit must send their individual report to receive credit.