**WORSHIP DEPARTMENT REPORT**

|  |  |
| --- | --- |
| For the Month of: |  |

**Statistics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MINISTRY** | **NUMBER OF WORKERS / TRAINEES** | |  | **MINISTRY** | **NUMBER OF WORKERS / TRAINEES** | |
| Band |  |  |  | Stage Management |  |  |
| Vocals |  |  |  | Multimedia |  |  |
| Dance |  |  |  | Audio and Lights |  |  |

*Remarks:*

|  |
| --- |
|  |

**Trainings and Meetings**

|  |  |
| --- | --- |
| **TRAININGS** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

|  |  |
| --- | --- |
| **MEETINGS** | |
| 1. |  |
|  |
|  |
| 2. |  |
|  |
|  |
| 3. |  |
|  |
|  |

*Remarks:*

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**Proposed Activities *(See Attached Activity Proposal Form for details)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF ACTIVITY** | | **DATE** | **VENUE** | **PERSON IN CHARGE** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

*Remarks:*

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**Activities Assisted *(Except for Sunday and Wednesday Services)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF ACTIVITY** | | **DATE** | **VENUE** | **PERSON IN CHARGE** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

*Remarks:*

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|  |

**Others**

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| --- | --- | --- |
| Prepared by: |  | Noted by: |
| **Sis. Camille Pineda** |  | **Bro. Gabriel Nacario** |
| *Secretary, Worship Department* |  | *Head, Worship Department* |