



NCCOM PRAISE REPORT

(Separate Report For Each Project)

PERSONAL INFORMATION				
Name of Participant #1		Name of Participant #2 (Same Household)		Phone No.
Street Address		City	Zip Code	County

PROJECT INFORMATION				
Name of Church or Project		Address	City	State
Dates of Project	Project Source (check one) NCCOM___ NAMB___ LOCAL___	Hours of Ministry - Participant #1	Hours of Ministry - Participant #2	
Did You Go As A Group?	Who Served As Group Leader?	Was RV Utilized? Miles Driven?	Please List Group Members And Individual Hours Here Or On Back Of This Form.	
1		7		
2		8		
3		9		
4		10		
5		11		
6		12		

ACTIVITIES and RESPONSE				
Areas of Ministry Provided (check all that apply)				
<input type="checkbox"/> Church Planting	<input type="checkbox"/> Revival/Surveys	<input type="checkbox"/> Construction	<input type="checkbox"/> Seaman's Ministry	
<input type="checkbox"/> State Convention Booth	<input type="checkbox"/> Bible Studies/VBS	<input type="checkbox"/> Disaster Relief/Recovery	<input type="checkbox"/> Raceway Ministries	
<input type="checkbox"/> Campground/Worship Services	<input type="checkbox"/> Fairs/Festivals/Special Events	<input type="checkbox"/> Other _____		
Decisions Of Record	Number Won To Christ	Number Rededicating	# Tracts/Salvation Bracelets Distributed	# Receiving Testimony
Participant #1:				
Participant #2:				

SHARE WITH US YOUR STORY - - - any concerns, what you did, a special experience, how you were blessed, etc.

PLEASE MAIL REPORT TO: NCCOM CORRESPONDING SECRETARY