

PCG ANNUAL LOCAL CHURCH REPORT

CHURCH

Church's
Official Name
Mailing Address

Physical Location
with County
(if different from
mailing address)

EIN # -

Account #

Phone # - -

Fax # - -

Website/Email

Chartered? yes no number of years

CHURCH STATS—DEMOGRAPHICS

Members	<input type="text"/>
Non-members	<input type="text"/>
Total	<input type="text"/>

Attendance in these services:

Discipleship Ministries	<input type="text"/>
Morning Worship	<input type="text"/>
Evening Worship	<input type="text"/>
Mid-Week Worship	<input type="text"/>
Youth Service	<input type="text"/>

Race	Number
Asian/Pacific Islander	<input type="text"/>
African American	<input type="text"/>
Hispanic	<input type="text"/>
Native American	<input type="text"/>
White	<input type="text"/>
Other/Mixed	<input type="text"/>
Total	<input type="text"/>

Ages	Number	Ages	Number
0-5	<input type="text"/>	26-40	<input type="text"/>
6-12	<input type="text"/>	41-55	<input type="text"/>
13-19	<input type="text"/>	56-70	<input type="text"/>
20-25	<input type="text"/>	70-	<input type="text"/>

CHURCH STATS—SPIRITUAL LIFE

Does your church participate in these areas of ministry?

(check all that apply)

Children	<input type="checkbox"/>	Sunday School	<input type="checkbox"/>
Youth	<input type="checkbox"/>	Small Groups	<input type="checkbox"/>
Women	<input type="checkbox"/>	Missions Trips	<input type="checkbox"/>
Men	<input type="checkbox"/>	Church Plants	<input type="checkbox"/>
Seniors	<input type="checkbox"/>		
Singles	<input type="checkbox"/>		

In the past year how many of each?

Saved	<input type="text"/>
Baptized in water	<input type="text"/>
Filled with Holy Spirit	<input type="text"/>

PASTOR

Pastor's Name
Mailing Address

Phone # - -

Email

Account #

Years pastor has served this church

CHURCH STATS—MISSIONS & MINISTRY

Does your church actively participate in:

	Yes	No
PCG World Missions	<input type="checkbox"/>	<input type="checkbox"/>
PCG Indian Missions	<input type="checkbox"/>	<input type="checkbox"/>
PCG Home Missions	<input type="checkbox"/>	<input type="checkbox"/>
PCG Youth Ministry	<input type="checkbox"/>	<input type="checkbox"/>
PCG FirstFruits	<input type="checkbox"/>	<input type="checkbox"/>
PCG Women's Ministry	<input type="checkbox"/>	<input type="checkbox"/>
PCG Men's Ministry	<input type="checkbox"/>	<input type="checkbox"/>
PCG Senior's Ministry	<input type="checkbox"/>	<input type="checkbox"/>
PCG Messenger College	<input type="checkbox"/>	<input type="checkbox"/>
PCG Military Ministry	<input type="checkbox"/>	<input type="checkbox"/>

How can the PCG better serve your local church?

Signed _____ (by the person filling out the form)

Date _____