Central California Conference

CROSS Trainer Monthly Report

Evangelism Department

Name:		**Phone:**	
Address:		**Email:**	
		Month:	
Church Assigned:		**Year:**	

Name of Contacts	Testing Truths	Week 1	Week 2	Week 3	Week 4	Week 5
Total Amount of Studies per Week		0	0	0	0	0

Name of Active Church Members		Bible Studies' Name		Frequency
Total Members		**Total Studies**		

Name of New Believers	Month of Baptism
Total Amount of Baptisms for the Year	

Upcoming Events:

Additional Reports/Stories: