

SOUTH EAST DISTRICT OF THE FL CONFERENCE UNITED WOMEN IN FAITH
MISSION STUDY REPORT

Please complete one form for each study completed

Send form to: South East District UWFaith President or Secretary

NAME OF UWFaith UNIT: _____

NAME OF CHURCH: _____

NAME OF STUDY: _____

NAME OF STUDY FACILITATOR: _____

DATE(S) OF STUDY: _____

TOTAL NUMBER OF HOURS: _____

TIMES: 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 _____

Date this form was completed _____

*Participating unit must send its individual report separately in order to receive credit.