

**New Jersey Conference of Seventh-Day Adventists, Inc.**  
**Sabbath School Department**  
Sabbath School Report

**(Please provide the following information)**

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Sabbath School Attendance:**

Number of SS Adult Classes:

Number of SS Young Classes:

Number of SS Children Classes:

Number of Adults members present:

Number of Friends that visited the "Friends' Day."

Did the Friends/visitors receive any gift/incentive?

Did you use the Welcome DVD?

Did you use the Mission DVD?

Was the SS Lesson taught in classes?

Did the church prepare a pot-luck for the Friends' Day?

This report should be filled out by the SS Secretary on the Sabbath School Friend's Day. Please send this report to the Sabbath School of the New Jersey Conference on March 2, 2010 by mail, fax or e-mail.

To:

New Jersey Conference

Attn: Sabbath School Department

2160 Brunswick Ave, Trenton, NJ 08648

Fax #: 609-396-9273

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