Good Hope Missionary Baptist Church

Ministry Monthly Report Form

Ministry:_____ **President:**_____

Minister/Lay Leader:_____ **Vice President:**_____

Ministry Purpose/Vision/Goals:

_____
_____
_____
_____

Progress and Update:

_____
_____
_____
_____

Trainings /workshops planned and/or completed. (Please attach Training plan)

_____
_____
_____
_____

Questions or Requests:

_____
_____
_____
_____

Report submitted by:_____ **Date:**_____