

OFFICE OF MINISTER OF CHILDREN (MERIDIES)
QUARTERLY REPORTING FORM

Name: _____ SCA Name: _____
Address: _____
City, State, Zip: _____
E-mail: _____ Are you subscribed to MOC_Meridies? **9**Yes **9**No

Deputy Name: _____ SCA Name: _____
Address: _____
City, State, Zip: _____
E-mail: _____ Are you subscribed to MOC_Meridies? **9**Yes **9**No

How long has your group had a Minister of Children? _____ Years _____ Months

How long have you served as Minister of Children? _____ Years _____ Months

How many children/minors (under 18) do you currently have in your group? _____

How many age 0 - 5? _____

How many age 6 - 9? _____

How many age 10 - 12? _____

How many age 13 - 16? _____

How much time do you devote to your office on a daily basis? _____ Hours _____ Min.

On a weekly basis? _____ Days _____ Hours

On a monthly basis? _____ Days _____ Hours

Does your group have a provision in their budget for supplies for your office? **9**Yes **9**No

If so, how much? \$ _____

How many events has your group held in the past quarter? _____

What are the (approximate) dates of those events? Event 1. _____

Event 2. _____

Event 3. _____

Did you host any Kingdom/Principality events this quarter? **9**Yes **9**No

If yes, which events? _____

Does your group have a newsletter? **9**Yes **9**No

If so, do you publish a regular letter to the populace in the newsletter? **9**Yes **9**No

Does your group publish a children's section in the newsletter? **9**Yes **9**No

