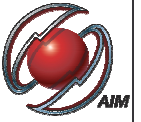


# AIM Outreach Report



Please provide information from your trip on each of the following (please print):

Conversions: \_\_\_\_\_ Water baptisms \_\_\_\_\_ Healings: \_\_\_\_\_

Baptisms in the Holy Spirit: \_\_\_\_\_ Literature distributed: \_\_\_\_\_

Event attendance: \_\_\_\_\_

Types of follow-up: \_\_\_\_\_

\_\_\_\_\_

Praise reports: \_\_\_\_\_

\_\_\_\_\_

Problems/additional comments: \_\_\_\_\_

\_\_\_\_\_



## Assemblies of God Total Giving Credit

Please fill in the information below for the church or district to receive AG giving credit:

Church/district: \_\_\_\_\_ Church/dist. Account #: \_\_\_\_\_

District Youth Director (DYD): \_\_\_\_\_

Church address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Trip Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of AIMers: \_\_\_\_\_ Cost per person: \$ \_\_\_\_\_

Outreach Location(s): \_\_\_\_\_

Missionary host(s): \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_ Total credit requested: \$ \_\_\_\_\_

Please complete this form within 30 days of your trip and return it to:

*Ambassadors in Mission (AIM)*

1445 N. Boonville Ave., Springfield, MO 65802

Phone: 417.862.2781 x4039 ☎ Fax: 417.862.1693 ☎ E-mail: [aim@ag.org](mailto:aim@ag.org)