

LEADER'S REPORT



Torch Leader's Report For

_____ **Torch #** _____
(Institution Name)

_____ Chapter
(State)

Conducted On

_____ / _____ /20_____

Torch Leader's Final Report

1. Torch Identification

State Chapter: _____ **Chapter**

Torch: _____ **Torch #** _____

Date of Torch: ____/____/20____

Torch Leader: _____

Address _____

City State Zip _____

Email _____

2. Team Identification

Job Assignments

Inside Team Members: _____

Support Team Members: _____

Runners: _____

Total Assigned Jobs _____

First Team Members: _____

Veteran Team Members: _____

Percentage New Team _____

	Number	Percentage		Number	Percentage
Caucasian:	_____	_____	Assembly of God	_____	_____
Hispanic:	_____	_____	AME	_____	_____
African American:	_____	_____	Baptist	_____	_____
Asian:	_____	_____	Catholic	_____	_____
Native American:	_____	_____	Church of Christ	_____	_____
Other:	_____	_____	Episcopal	_____	_____
<hr style="border: 1px solid black;"/>			Independent/Bible	_____	_____
Total	_____		Lutheran	_____	_____
			Methodist	_____	_____
			Pentecostal	_____	_____
			Presbyterian	_____	_____
			Other Denomination	_____	_____
			<hr style="border: 1px solid black;"/>		
			Total	_____	

TEAM MEMBER *indicates first time	ADDRESS City, State, Zip	PHONE NUMBER	EMAIL ADDRESS	ASSIGNMENTS ✓ those willing to mentor
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*Note: Use multiple pages as necessary.

3. Participant Identification

Number of Table Families: _____

Caucasian: _____

Hispanic: _____

African American: _____

Asian: _____

Native American: _____

Other: _____

Total _____

Participant's Name	Will be Mentored = ✓	Participant's Name	Will be Mentored = ✓
1. _____	<input type="checkbox"/>	2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	10. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	12. _____	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	14. _____	<input type="checkbox"/>
15. _____	<input type="checkbox"/>	16. _____	<input type="checkbox"/>
17. _____	<input type="checkbox"/>	18. _____	<input type="checkbox"/>
19. _____	<input type="checkbox"/>	20. _____	<input type="checkbox"/>
21. _____	<input type="checkbox"/>	22. _____	<input type="checkbox"/>
23. _____	<input type="checkbox"/>	24. _____	<input type="checkbox"/>
25. _____	<input type="checkbox"/>	26. _____	<input type="checkbox"/>
27. _____	<input type="checkbox"/>	28. _____	<input type="checkbox"/>

