Periodic Support Consultation
Report Form

Name of authorized person ___________________________ Date ____________

Person’s place of ministry ____________________________________________

Ministry Team for Authorized Ministry representatives ______________________

____________________________________________________________________

Names and addresses of local church and/or ministry setting representatives (if any):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please record comments and impressions below, or attach a separate report:

____________________________________________________________________

Instructions: Copies of this form will be taken to the consultation by one of the MTAM representatives. One will be given to the authorized minister and one kept by the MTAM representatives. The names of all the participants should be recorded on both copies. Each participant is requested to briefly report on the content and spirit of the consultation, and then return the completed form to:

Prairie Association UCC
617 N First St
DeKalb, IL 60115-3199