

5-DAY CLUB® ATTENDANCE RECORD

Host Family / Church _____ Phone _____ Teachers _____ & _____

Mailing Address _____
 House # _____ Street _____ Town/city _____ State _____
 Time of club _____
 Week of ____ / ____ / ____

First	Child's Name Last	Age	Address	Phone	School	Church (yes/no or church name)	Military Parent (yes/no)	M	T	W	T	F	TCC Return	Prof Date	Assur Date	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
Daily Totals																

Weekly totals: Total Missionary offering _____ Offering: Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____
 Total Enrollment _____ Decisions: First Time _____ # with parent in military _____ # who do not attend church/SS _____

Attendance at Club should be shown by making a slash diagonally (/). When a child says the memory verse put a (M) below the slash. Visitors – put the number of visitors above slash.
 The 5-Day Club is a registered trademark of Child Evangelism Fellowship to be used only by those who are in agreement with the policies of CEF® and who have signed CEF's Statement of Faith and Worker's Compliance Agreement. If you would like to know the name of the CEF worker nearest you, please contact Child Evangelism Fellowship of Nebraska, PO Box 348, Warrenton, MO 63383-0348 or call 1-800-300-4033.

Make one copy of this form for church records. Attach the original to the "5-Day Club Weekly Report Form" and send to your local CEF coordinator or to CEF of Nebraska, 6400 Cornhusker Hwy Suite 400, Lincoln, NE 68507.
Please send this form, along with a check for the missions offering, the Saturday following the 5-Day Club.