**Pastoral Charge Supervisor**

**Annual Report Form – Living Skies Regional Council**

**Name of Community of Faith:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Pastoral Charge Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Number of Board Meetings** |  |
| **Sacraments Covered: \_\_\_ yes \_\_\_no****How often:****By whom**  |

**State of the Community of Faith:**

Some considerations to include – financial viability, pastoral care, board functioning, worship services, community participation, or anything else that might help describe the community of faith.

**Any recommendations of how Living Skies Regional Council can help?**

**This report covers the pastoral year, July 1 \_\_\_\_\_\_\_\_\_\_\_\_ to June 30 \_\_\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastoral Charge Supervisor Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair of the Governing Body Date**

**Please annually submit completed form BY JUNE 30 to the Committee on Community of Faith Support c/o Tracy Murton, Pastoral Relations Minister (****tmurton@united-church.ca****).**