**Pastoral Charge Supervisor**

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

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

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

**Name of Governing Body Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Regional Council Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Number of Governing Body Meetings:** | **Months:** |
| **Congregational meeting(s) attended: \_\_\_ yes \_\_\_ no** | **Comment:** |
| **Sacraments Covered: \_\_\_ yes \_\_\_no** | **By whom:** |

**State of the Community of Faith:**

Some considerations to include – financial viability, pastoral care, governing body functioning, worship services, community participation, or anything else to describe the state of the community of faith. (*The Manual* 2023 I.2.5.2)

**Any concerns or recommendations of how Living Skies Regional Council can offer support?**

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

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

**Pastoral Charge Supervisor Date**

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

**Chair of the Governing Body Date**

**Please annually submit form BY JUNE 30 to Tracy Murton, Pastoral Relations Minister (****tmurton@united-church.ca****).**