



DISTRICT DEPUTY'S

NEW COUNCIL DEVELOPMENT REPORT

PARISH NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF PASTOR: _____

DATE CONTACTED: _____

PASTOR'S RESPONSE: _____

DEVELOPMENT PLANS: _____

FORECAST INSTITUTION DATE: _____

DATED : _____

SIGNED: _____

DISTRICT: _____

NAME: _____

Please return form to:

Ontario State Council, 393 Rymal Road West, Suite 201,
Hamilton, Ontario L9B 1V2 Fax: (905) 388-8738