

South Carolina Equestrian Ministries



Fellowship Registration Form and Annual Report for Existing Fellowships

Date Report Made _____ Ending Date of Report _____

Name of Fellowship _____

Address of Fellowship _____

Person making report _____ Phone _____

Officer's Name _____ Title _____

Address _____

Officer's Name _____ Title _____

Address _____

Officer's Name _____ Title _____

Address _____

Officer's Name _____ Title _____

Address _____

FELLOWSHIP NAME: _____

(This section **MUST** be filled out for Annual Report only - for Tax purposes)

Exact amount of income received by
your Fellowship through this year:

Local Membership fees \$ _____

Donations \$ _____

Sale of Materials \$ _____

TOTAL INCOME \$ _____

Include a current Membership list with addresses. Submit the original to Sylvia Roper at the Annual Business Meeting in January or mail in advance to: 433 E. Standing Springs Road, Simpsonville, SC 29680 (Phone 864-608-5229)