

The Presbytery of Susquehanna Valley 2017 Church/Session Data Form
Please return by February 1, 2017 to Presbytery Mission Center, PO BOX 87, Nineveh, NY 13813
With this form, please include your most recent Annual Congregational Report.

Church Name _____

Tele # _____ **Answering Machine?** Yes ___ No ___ **FAX #** _____ **Website address** _____

Location address as well as Mailing address _____

E-mail address _____

Pastoral Leadership _____ **Cell #** _____

Moderator (if applicable) _____ **Cell #** _____

Emergency Contact _____

Name

relationship to person

phone number

Contact information for:

Clerk of Session _____ **Address** _____

Telephone # H _____ **Telephone # W** _____ **Cell #** _____

E-mail H _____ **E-mail W** _____

Communicator _____ **Address** _____

Telephone # H _____ **Telephone # W** _____ **Cell #** _____

E-mail H _____ **E-mail W** _____

Secretary _____ **Address or in c/o church?** _____

Telephone # _____ E-mail _____

Treasurer _____ Address _____

Telephone # H _____ Telephone # W _____ Cell # _____

E-mail H _____ E-mail W _____

Youth Advisor or Sunday school Coordinator _____

Address or in c/o church? _____

Telephone # _____ E-mail _____

Church Hours:

Office Hours _____
Days of week and time

Session Meeting _____
Day of week and time

Time of Worship _____
Winter Summer

Pastor's Day off _____

Names of Elders who went off Session in 2016: _____

Elders who died in 2016 (inactive as well as active): _____

(over)

