

STATISTICS COMPILATION FORM

TEAM: \_\_\_\_\_ Praesidium \_\_\_\_\_  
\_\_\_\_\_ Praesidium \_\_\_\_\_

DATE: \_\_\_\_\_

PARISH: \_\_\_\_\_

1. Number of Attempts \_\_\_\_\_

2. Number of Visits \_\_\_\_\_

3. Number of Contacts \_\_\_\_\_

4. Number of Active Caths \_\_\_\_\_

5. Number of Inactive Caths \_\_\_\_\_

6. Number of Follow-ups \_\_\_\_\_

Highlight: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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