

Application for Adult Education Learning Opportunity

Submitted by _____ Date _____

Title of Offering _____

Leader: _____ Co-Leader: _____

Description of Offering _____

Curriculum to be Used: _____

Day of Week: Sun Mon Tues Wed Thurs Fri Sat

Time: From _____ am / pm to _____ am / pm

Length of Series: _____ Number of Sessions: _____

Start Date: _____ End Date _____

Date(s) Group will not meet: _____

Room preference: 1st _____ 2nd _____ 3rd _____

Facility Needs: Tables Chairs White Board

Equipment Needs: Overhead Projector TV VCR DVD

Other (please specify): _____

Publicity Advent Adventures (15th of month deadline)

Sunday bulletin

Web site

Narthex kiosk

Other (please specify): _____

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For Office Use Only

Date approved by Pastor: _____

Date approved by Team: _____

Room assigned: _____

Date placed on Master Calendar: _____