

CHRISTIAN EDUCATION CLASS SUBMISSION FORM

scheduled? (Tanja's initials):

updated 05-31-06

CLASS NAME: (as will appear on ALL St. John's printed materials, including schedules)		CLASS FREQUENCY:
CLASS LEADER(S): (this person will be the sole contact person for this class)		CLASS DATE(S)/DATE RANGE:
		CLASS TIME **:
LEADER CONTACT PHONE #:		ADVERTISED CLASS TIME (if different than above):
RESOURCES USED: (book title, video, etc.)		CLASS LOCATION **:
ACCT. # RESOURCES TO BE APPLIED TO:		
* ADULT ED. MINISTRY TEAM LEADER (SIGNATURE)		** must be scheduled with Tanja prior to advertising; class time refers to time room requested to be booked for, including set up/clean up time
* SPONSORING PASTOR (SIGNATURE)		
NOTES / COMMENTS / SPECIAL INSTRUCTIONS:		
KNOWN CONFLICTS: (to be filled in by office staff)		

*** Every Adult Education class must be "sponsored" (approved) by a Pastor and must include the Pastor's and the Adult Education Ministry Team Leader's signature**