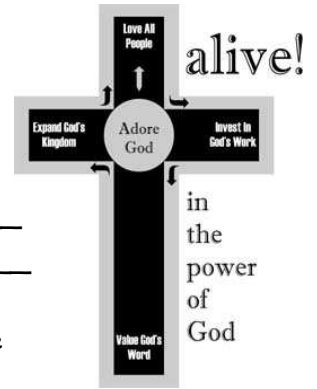


Discipleship Class Application



Date: _____

Name: _____

Phone: _____ Email: _____

Ministry: (May fit more than one)

Discipleship Men Women Marriage & Family Missions Recovery Couplettime

Other: _____

Class Text/ Study: _____

Please give a brief description of this study.

I prefer to offer class on: Sunday 6-7:30pm. Wednesday 6-7:30pm.

Other Day: _____ Time: _____

Off Campus Day: _____ Time: _____

Location: _____

Will you require childcare? * Yes / No For how many children? _____

* Please note that childcare may not be available when it is requested although we will try to accommodate all requests.

How many weeks is the study? _____

Which term would you like to teach?(see discipleship display or website) _____

Are there any dates you cannot have class? _____

What materials will you need?

ISBN # (if known) _____

Leader kit? Yes / No

Price: \$ _____

Learner Guides? Yes / No

Price / book: \$ _____

Estimated # needed _____

Would you like to limit the number of participants? _____

If yes, how many? _____

Will you be using photocopied material? Yes / No

If yes, estimated # copies _____

Discipleship Class Application

How do you think this class supports our ALIVE Mission Statement?

Room set up requirements:

Chairs in a circle Chairs in a "U" shape
 Chairs in rows

SPECIAL EQUIPMENT and/or NEEDS

White Board or Flip Chart Extension Cord
 Speaker Stand/Lectern Projector Easel
 Sound System Chairs
 TV with VCR or DVD Tables

Please let us know of any special needs for your class that are not mentioned on this form.

Please attach any other information you think is relevant.

FOR OFFICE USE ONLY

Date Received: _____

Approved Scheduled. Room Assigned: _____

Not Approved Reasons: _____

Leader Pack sent on: ____/____/____ By: email Mail