

LIFELONG LEARNING CLASS PROPOSAL FORM

Title of Class: _____

Number of Sessions: _____ Proposed Date(s): _____

Minimum # of participants: _____ Maximum # of participants: _____

Basic Description (include sub-topics, format, timing, and general information)

How will this course incorporate the mission of the church and/or our UU Principles?

Facilitator (if other than you): _____

CONTACT INFORMATION

Your Name: _____

Email: _____ Phone: _____

Address: _____ Zip: _____

If approved you will be responsible for the following:

- All publicity including fliers, newsletter announcements, Order of Service Announcements
- Room reservation and set-up requests
- Communication with participants and updates to Director of Religious Education

Staff will be responsible for:

- Registration and payment collection
- Updated Contact list & Roster
- Inclusion in Lifelong Learning Catalog

FOR OFFICE USE ONLY

Date Submitted: _____

Approved: _____

Staff Liaison: _____