

FAITH FORMATION CLASS PROPOSAL FORM

Please return this form to the Faith Formation Committee Chairperson no later than four weeks before the proposed date of the class/event.

(Person Submitting Form _____ Phone # _____)

Please call the Chairperson (John Maloney 510-656-6809) if you have any questions. Thank you.

1. NAME AND PHONE NUMBER OF PRESENTER(S): _____

2. TITLE OF CLASS OR COURSE: _____

3. BRIEF DESCRIPTION OF CLASS / COURSE: _____

4. BRIEF DESCRIPTION OF CONTENT OF EACH SESSION (One or two sentences per session): _____

5. INDICATE ANY MATERIALS OR EQUIPMENT YOU PLAN TO USE: _____

6. INDICATE ANY DATE(S) AND TIME(S) YOU PLAN TO PRESENT THE CLASS(ES): (Note: the Committee will do its best to grant your preference; however, this may not always be possible. The Sunday classes / courses are normally scheduled for 10:00 AM – 10:50 AM)

DATE(S) _____

TIME(S) _____

7. PREFERRED LOCATION FOR THE CLASS:

BIG CHURCH (only by special arrangement) _____

LITTLE CHURCH _____

PARISH HALL _____

CLASSROOM #1 _____

OTHER _____

8. FURTHER COMMENTS YOU MAY HAVE: _____

Please submit this form to the Chair of the Committee by returning it to the Church

Office or mailing it to the Committee Chair: John Maloney, P.O. Box 3383, Fremont, CA 94539

Please do not write below this line. (If you do, God will punish you)

FOR COMMITTEE USE

9. COMMITTEE SUGGESTIONS /COMMENTS, IF ANY: _____
