

**ADULT RELIGIOUS EDUCATION**  
**SUBMISSION FOR A.R.E. COURSE OR WORKSHOP**

COURSE/WORKSHOP INFORMATION:			
Name:			
Brief Description:			
Facilitator(s):			
Brief Bio:			
COURSE DETAILS:			
Book Purchase?:		Other special preparation required by attendee:	
Number of class meetings:		Length of individual class:	
Preferred day of week:		Requested Beg/End Course Dates:	
Room Size/special equip (TV/VCR/DVD/easel):		Other course specifics:	
Do you anticipate incurring costs:		If Yes, describe and provide estimate:	
CONTACT INFORMATION:			
Contact Name:		e-mail:	
Phone #:		Cell #:	
Date:		Other info:	
SUBMIT:			
E-mail to: <a href="mailto:are@uucwc.org">are@uucwc.org</a> or Return to church A.R.E. mailbox		Check for semester consideration: <input type="checkbox"/> Winter/spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
A.R.E. INTERNAL USE ONLY:			
Reviewed By:		Date:	
Approved By:		Date:	
Last Updated By:		Date/Time:	

