



*V*ision

United in Spirit and grounded in the Divine
we are a beacon of light for the world.

*M*ission

We are one Community
looking within, reaching out,
practicing the principles of love.

ADULT EDUCATION CLASS OR EVENT PROPOSAL

Date: _____

Submitted by: _____

FACILITATOR INFORMATION

Facilitator Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Facilitator Bio: (Attach separate sheet, if needed)

Facilitator References: (Applicable to first-time UBC presenters)

Facilitator Photo:

Please include a jpeg photo of yourself for use in online and printed promotion materials.

CLASS INFORMATION

Proposed Class Title: _____

Proposed Class Date(s): _____

Day of week preferred: _____

No. and frequency of class sessions: _____

Class Description:
(Use separate sheet, if needed)

Required texts or materials:

Participant Learning Outcomes:
(If not included within the class description)

How does this class or event support the Vision, Mission and Core Values of UBC?

Logistical / Room Needs:

Please advise of any special supplies or support needed.

Promotional Guidelines:

When submitting a proposal, please keep in mind that there are promotional deadlines in place for all ministry activities. In order to allow enough time for review, approval, and promotion of your proposal, please forward the Communications Request Form that follows at least four (4) weeks prior to the 1st of the month in which you wish to offer your class. For example, if you would like to offer a class in May, please forward your proposal no later than April 1st.

Please submit completed proposal to:

Rev. Greg Coles
Unity of Bay City
3736 State Street Road
Bay City, MI 48706

Or via email to: revgregc@unityofbaycity.com

**Thank you for sharing your time, talent, and energy with Unity of Bay City.
If you have any feedback, or if we can be of any further assistance, please let us know.
You may contact us at 989.686.0265, or office@unityofbaycity.com.**



COMMUNICATIONS REQUEST FORM
FOR MINISTRY EVENTS / CLASSES / ACTIVITIES / GROUP MEETINGS

This form is due 4 weeks before promotion period.
Please submit a separate form for each event/activity/topic.
For each form, submit a separate MS Word document to include the Event/Activity description.

Today's Date	Revised Date
Individual or Group Name:	Your Name:
Your Email:	Your Phone #:
Event, Activity or Class Name:	Event Date:
Instructor / Facilitator Name: Event Contact Phone Number: Event Contact Email Address:	Location:
<input type="checkbox"/> Submitting Facilitator photo (submit as jpeg or tif file) <input type="checkbox"/> Submitting other image (submit as jpeg or tif file)	
MEETING FREQUENCY <input type="checkbox"/> Meets one time <input type="checkbox"/> Meets monthly on (day) <input type="checkbox"/> Meets weekly on (day) <input type="checkbox"/> Meets weekly on (day)	Start Time: End Time:
Please check ALL communication types requested <input type="checkbox"/> Monthly Beacon Newsletter <input type="checkbox"/> Weekly e-News <input type="checkbox"/> e-News <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other	