

Heart of America Council of Churches

Curriculum Information Sheet



Auxiliary

Name: _____

Please complete the form below for all meetings, trainings and workshops held for the HACC. **This form must be reviewed by the Programming Committee prior to your event(s).**

Session Title/Activity			
Suggested Presenter			
Session Goal/Aim (What do you plan to accomplish with this session)			
Session Summary (How does this relate to the Council Theme)			
Type of Session/Activity	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Workshop/Session <input type="checkbox"/> Fellowship <input type="checkbox"/> Other (Small Group Discussion, Play, Skit or etc...) </td> <td style="width: 50%; border: none;"> Training <input type="checkbox"/> Offsite </td> </tr> </table>	Workshop/Session <input type="checkbox"/> Fellowship <input type="checkbox"/> Other (Small Group Discussion, Play, Skit or etc...)	Training <input type="checkbox"/> Offsite
Workshop/Session <input type="checkbox"/> Fellowship <input type="checkbox"/> Other (Small Group Discussion, Play, Skit or etc...)	Training <input type="checkbox"/> Offsite		
Contact Person Information:			
Other Comments:			
Day & Date of Event Please check the appropriate date box Time of Event – # of Expected Attendees			
Resources Needed: <input type="checkbox"/> DVD player Projector Laptop computer <input type="checkbox"/> Other	Special Furniture Arrangement: <input type="checkbox"/> Tables & Chairs _____ <input type="checkbox"/> Theater <input type="checkbox"/> Banquet <input type="checkbox"/> Auditorium		