

GNC Details Sheet 2023-2024

GNC Name/Place:					
SCHOOL Principal:	School Rep:	_ School Rep:Phone:			
CHURCH Name:		Phone:			
Pastor:	Church Rep.:	_Church Rep.:Phone:			
Club Administrator:	Cell	Cell & Email:			
Co. Adm/Team Leader:	Cel	Cell & Email:			
CLUB INFO Day:	Time:: to	_: Grades se	rved:		
Location In School:		Start & End D	Pates: to		
Registration Form format:	nline pdf (paper copies)	both Date to	distribute:		
What communications method	I does the school use to distr	ibute digital flyers	to families (Ex: Peachjar,		
Bloomz, Remind, etc.) and wh	om should we contact?				
LIST ALL TEAM M	EMBERS PARTICIPATING IN	THIS CLUB & TH	EIR POSITION(S)		
(1) Administrator(2) Team Leader(3) Grade Shepherd		(4) Guiders (5) Teachers (Include teaching role) (6) Safety Coordinator (7) Prayer Coordinator (8) Follow-up Coordinator (9) Snack Coordinator			
<u>Name</u>	Email/p	ohone #	Position(s) Ex: 3,9		
1					
2					
3					
4					
5					
6					
7					

(1) Administrator	(4) Guiders	(7) Prayer Coordinator
(2) Team Leader	(5) Teachers (Include teaching role)	(8) Follow-up Coordinator
(3) Grade Shepherd	(6) Safety Coordinator	(9) Snack Coordinator

Name	Email/Phone#	Position
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