



Adult RE Class Proposal

Subject: _____

Teacher/Contact: _____

Frequency: _____
(Days/week)

Duration: _____
(No. of weeks)

Time: _____

Limited Space: Yes/No If yes, how many? _____

Other Info: _____

DRE Approval: _____

Please return to the Adult R.E. Leader or Brandee Carrigan, DRE