

Bedford United Church
Great Harbour
A place of spirituality and healing

Program Proposal Form

The following information is required to assess the appropriateness of this program for Great Harbour and to provide information for promotional purposes.

Name _____

Address _____ PC _____

Phone _____ Email _____

Program Title _____

Brief Description _____

Your Experience and qualifications in this area _____

How will participants benefit from this program? _____

Your assessment of the interest or need for such a program _____

Proposed program length _____

Suggested fee _____ Min and max number of participants _____

Proposed Dates _____ Proposed time _____

PROGRAM PLAN

List the session titles in numerical sequence. If a title does not convey the theme or purpose of that session, give a one-line description of the course content for that session. For each session, include any text material to be covered, text name and pages or chapters. Include under each title any instruction aids to be used, such as video or audio, and the names of any outside presenters that may be asked to participate.

Bedford United Church
1200 Bedford Highway
Bedford, NS, B4A 1T1
Phone: 902 835 8497 • Fax: 902 832 1606

BROCHURE ENTRY

The following information will be presented in the Great Harbour brochure.
Please book your room provisionally with the church secretary first to ensure availability, then confirm it when your program has been approved. Enter the dates and times below.

TITLE OF PROGRAM

DESCRIPTION OF PROGRAM AS YOU WOULD LIKE IT INSERTED IN THE BROCHURE.
50-90 words is suitable. Please note that it may be edited and shortened.

FACILITATOR(S)

DATE(S) including day of the week

TIME

FEE (if applicable)

REGISTRATION DATE (if required)

PHONE (h).....(w).....EMAIL (if required)