

SCC CLASS/HOME DISCIPLESHIP REQUEST

Name of Class _____ Class Begins _____

Leaders Name _____ Leaders Phone _____

Class To Be Held at _____

Class Days _____ Class Times _____

Date of Last Class _____

Topic _____

Target Audience (ie Youth, New Believer, Couples...)

Special Comments

****Requests may be turned to the main office during normal business hours – Monday – Thursday ONLY**

*****Deadline for requests is a minimum of 3 WEEKS Prior to allow for approval and proper advertisement**

Your Signature _____

Event Is Approved _____ Event Is Denied _____

Southtowns Christian Center
Phone (716) 627-2183 Fax (716) 627-2336