



Course Completion

IF YOU ARE THE LEADER OF ONE THESE GROUPS PLEASE TURN IN THIS COMPLETED FORM WITHIN ONE WEEK OF COURSE COMPLETION!

- Vision Saturday
- Win One Make One
- Builders
- PS1
- PS2
- Healing School 1
- Healing School 2
- Growing Kids
- Prep/Parenting
- Prep/Toddler
- Reaching Heart/Teen
- Other _____

Name of Instructor: _____
First *Last*

Date of course completion: _____ (mm/dd/yyyy)

Please list, first and last names, of all who have COMPLETED the course.

Please mark if additional names are on back.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Leader: _____ Date: _____

PLEASE RETURN ALL COMPLETED FORMS TO THE BOTTOM FILE OUTSIDE PASTOR CAROLYN'S OFFICE