

Journey Group Curriculum Request Form

Leader's Name: _____

Phone: _____ Email: _____ @ _____

Name of Journey Group: _____

Expected Dates of Journey Group: _____

Expected Meeting Location of Journey Group: _____

If approved the NT Connections Team will make the curriculum purchase. Please allow at least two months for processing and delivery. NT Connections will only cover the cost of the teaching materials if approved. Books and other materials must be covered by the group.

Curriculum being requested: _____

Cost: \$ _____ Curriculum can be found at: _____

Filling out this form is not a guarantee of approval. Requests may be declined because of budget, biblical, and/or timing concerns. You will be contacted upon approval or denial.

Office Use Only

Approval Signature: _____

Approved by: _____ Date: _____