

NCN LIBRARY

Curriculum Request Form



Fill this out and mail to the DRC or email kids@agncn.org

NCN KIDS
6051 S. Watt Avenue
Sacramento, CA 95829

CE OFFICE USE

Received: _____ Date _____
Confirmed: _____ Date _____
Sent: _____

District Affiliated Churches Curriculum Request Form

Church Name: _____

Church Address: _____

City

State

Zip

Church Phone: _____

Church E-mail: _____

Senior Pastor: _____

Contact Person's Name: _____ Phone #: _____

Contact Person's Email _____

Curriculum Requested: (Please write your top choices)

1. _____

2. _____

3. _____

1. Date Curriculum use will start ____/____/____

2. Date Curriculum use will finish ____/____/____

3. Estimated Date Curriculum will be returned by mail ____/____/____

Curriculum is issued on a first come first served basis and can be checked out for a maximum of 12 weeks. There is a \$200 replacement fee for lost or damaged curriculum.

X _____
Contact Person Signature

_____/_____/_____
Date