



# Curriculum Approval Form

Purpose

Method

Journey

Multiply

Facilitator's Name

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Phone \_\_\_\_\_ Email \_\_\_\_\_

Author and name of resource you would like to use (book, DVD, etc.):

When would you like to begin using this resource:

Briefly summarize this resource:

Briefly explain why you want to use this resource and how you will be using it in your Life Group:

If you have any specific questions or concerns about this resource please record them here: