

**IMPORTANT
KEEP COPY OF
REPORT FOR YOUR
RECORDS**

Continuing Lay Training

17001 Prairie Star Parkway
Lenexa, KS 66220
Fax: 913-577-0872
E-mail: clt@nazarene.org

FOR OFFICE USE

Date _____ By _____
IBM _____
Unit _____
People _____
Credits _____

Class Report

Complete this form and return when class is completed.

Unit Number	Date Reported	Name of Teacher		
Name of Sponsoring Group/Church			District	
Place Held (Street)	City		State	Zip Code
Textbook Title		Author		
		Number of Sessions	Length of Sessions	No. Receiving Credit
SEND INFORMATION TO	Name	Address	City	State Zip Code

IMPORTANT Instructions: 1. After the teacher's name, list names alphabetically, family name first.
LIST ONLY THOSE RECEIVING CREDIT.

2. The teacher does receive credit and should be listed first.
3. ALWAYS GIVE NAME OF LOCAL CHURCH AND ZIP CODE

	NAME	LOCAL CHURCH
1	Teacher	
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UNIT _____ DATE _____ Photocopy for your records. Return original to CLT.

<i>NAME</i>	<i>LOCAL CHURCH</i>
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