

LifeQuest
Approved Class Form

Term:

Course Title: _____ **Day:** _____ **Time:** _____

Does this course have a limit? No___ Yes___ #_____ Does this course have a materials fee? No___ Yes___ \$_____ Committee Contact _____

Brochure blurb (250 words or less)

WEEK	Weekly Topic	Presenter	Mailing Address	Phone daytime	E-mail address	AV Needs
<u>1:</u>						
<u>2:</u>						
<u>3:</u>						
<u>4:</u>						
<u>5:</u>						
<u>6:</u>						
<u>7:</u>						
<u>8:</u>						

Email: info@lifequestofarkansas.org **Phone:** 501- 225-6073 **Fax:** 501-225-3759 **Mail:** PO Box 25523, Little Rock, AR 72221