



CIRCLE OF GRACE PROGRAM: ORDER FORM

Date of Order: _____

Church Name: _____

Church Address: _____

Primary *Circle of Grace* Contact Person* & Title (or relationship to church if no title):

Name: _____

Title/Position: _____

Phone number: _____

Email address: _____

*This is the person responsible for overseeing the *Circle of Grace* program at your church.

By signing this order form, I acknowledge the following (please initial each statement):

_____ I agree to adhere to the CRC Safe Church Ministry copyright contract, which states that these materials will be used only for purposes and programs associated with _____ (name of church).

_____ I agree to use the materials in the intended manner and to follow program recommendations whenever possible.

_____ In accordance with program recommendations, training will be provided for all teachers using the *Circle of Grace* training materials (included in program).

_____ I agree to encourage the use of pre- and post- assessments in grades 3, 6, and 9; and to share the "summary evaluation" with Safe Church Ministry to aid in determining the effectiveness of the *Circle of Grace* program.

Following shipment of your order (please allow 1-3 weeks), an invoice will be sent in the amount of \$25.00 US (CDN price at current exchange rate) plus shipping/handling and applicable sales tax. Safe Church Ministry agrees to offer ongoing support in implementing the *Circle of Grace* program. Please contact us with any questions, comments, or concerns.

Contact: **Bonnie Nicholas, Director**
Safe Church Ministry, CRCNA
1700 28th St. SE, Grand Rapids, MI 49508
bnicholas@crcna.org or 616-224-0735

"They will live in safety and no one will make them afraid." Ezekiel 34:28