



## CIRCLE OF GRACE PROGRAM: ORDER FORM

Date of Order: \_\_\_\_\_

Church Name: \_\_\_\_\_

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 CRCNA 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.

Safe Church Ministry agrees to offer support in implementing the *Circle of Grace* program. Please contact Safe Church Ministry with any questions, concerns or comments.

Contact: Safe Church Ministry, CRCNA  
Alicia Mannes, Associate  
2850 Kalamazoo Ave. SE, Grand Rapids, MI 49560  
[amannes@crcna.org](mailto:amannes@crcna.org)  
616-241-1691 x2739

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