



ACADEMY OF CHRISTIAN TRAINING AND STUDY
Christian Church in Northern California - Nevada

" Abundant Living: Re-thinking Stewardship"

"I have come that you might have life and have it abundantly." –John 10:10

**A course for congregational leaders,
church finance folks
and regular people
thinking about how to live lives of generosity!**

The Purposes for "Abundant Living":

- ◆ Learn a much bigger framework for stewardship that has to do with every aspect of our lives and our planet (not just putting more money in the collection plate)
- ◆ Learn to make "abundant living" a way of life, and learn how it can liberate you!
- ◆ Learn how to help your congregation become a congregation living out of God's abundance
- ◆ Prepare to have your life transformed for the better!

This spring, following Annual Meeting, in six geographical locations AND online. Only \$50*, with free required reading materials. Phenomenal teachers, and video segments designed JUST FOR US by Bruce Barkhauer, Minister of Faith and Giving for the Christian Church (Disciples of Christ) in Indianapolis. Fill out a registration form or register online at www.ccncn.org!

* If you need additional help (and are a layperson) and you fill out a scholarship form at least two weeks in advance, a half-scholarship is available. Fill out the following form for a \$25 scholarship: <http://www.ccncn.org/DorisMcScholApp.pdf>



Abundant Living

"I came that you might have life and have it more abundantly" - Jesus



2011 SPRING COURSE REGISTRATION FORM

Abundant Living: Re-thinking Stewardship

Online registration will be available beginning April 15 at www.ccncn.org

Name: _____

Address: _____

Phone _____ E-mail _____

Church _____

_____ Youth
 _____ Young Adult (18-30)
 _____ Adult (over 30)

I can only attend if \$_____ scholarship is available. (Limited Scholarships for 1/2 the cost are available. A Doris McCullough Scholarship application MUST be completed for 1/3, and the ACTS scholarship program makes up the difference to equal 1/2. Go to <http://www.ccncn.org/DorisMcScholApp.pdf>).

Length of time with Disciples ____ Other denomination/faith of which I have been a part _____

Reason for taking the class _____

Check the course location you want to attend:

Course Location	Presenter	Details
<input type="checkbox"/> Raynor Park CC, Sunnyvale	Jon Smith	Saturdays: June 4 & 11 – 10:00am-3:00pm
<input type="checkbox"/> Hanford CC	Tom and Shellie Warren	Saturdays: May 14 & 21 – 10:00am-3:00pm
<input type="checkbox"/> FCC Concord	Ben Bohren	Tuesdays: May 10, 17, 31, June 7, 14 – 6:30-8:30
<input type="checkbox"/> Cottage Way CC	Michael Hamm	Saturdays, June 18 & 25 – 10:00am-3:00pm
<input type="checkbox"/> Lakeport United Christian Parish	Shannon Kimbell-Auth	Saturdays: June 4 & 11 – 10:00am-3:00pm
<input type="checkbox"/> FCC Chico	Jesse Kearns	Saturdays: May 14 & 21 – 10:00am-3:00pm
<input type="checkbox"/> Online Course	Gerry Brague	TBA

NOTE: A course in any location will only be available with a minimum registration of 10. This must be determined two weeks prior to the start date. Once the minimum 10 is achieved registration is available until the first session.

DEADLINE: Two weeks prior to start date of each course!

Required Reading:

1. *Abundant Living Resource Packet*. Go to <http://www.ccncn.org/abundant-living-reg-form.pdf> to download...FREE!

Other Suggested Reading

1. *Sabbath and Jubilee*, by Richard (Rick) Lowery
2. *Not Your Parents' Offering Plate*, by Cliff Christopher

Go to <http://astore.amazon.com/chrischurcofn-20> to order directly from Amazon.

CUT HERE

Registration & Payment Information

Cost per Course - \$50 (***please note: payment and this completed form are REQUIRED for registration***)

Check One Payment Method: All registrations must include full payment. (*Refund Policy: No refunds 2 weeks prior to the event*)

Total Amount Due \$ _____

I am enclosing a check in the amount of \$ _____ OR debit my credit card for the amount of \$ _____

Check or Money Order Credit Card – VISA or MasterCard only Church will pay by check

Name as it appears on card (please print) _____

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

Billing address _____

Signature _____ Date _____

Mail or fax your registration with credit card information clearly written with signature (or enclose check).

SEND FORM WITH PAYMENT MADE OUT TO: CCNC-N

9260 ALCOSTA BLVD, SUITE C-18 · SAN RAMON CA 94583 · FAX: 925-556-9904

Please contact the Regional Office at 925-556-9900 or info@ccncn.org/act.htm with questions or concerns.

For office use only

Date Received: _____ Amount Received: _____ CK/CC _____ Balance due: \$ _____

Rec'd by: _____