

FLANNEL GRAPH SIGN-UP SHEET

Class Name: _____

Teacher's Name: _____

Title of Story Requested: _____

Year (Circle One): First Second Third

Quarter (Circle One): First Second Third Fourth

Lesson # (1-12): _____

Date Needed: _____

Today's Date: _____

Return this sheet to Sunday School Office or to the church office **two weeks prior to date needed.**