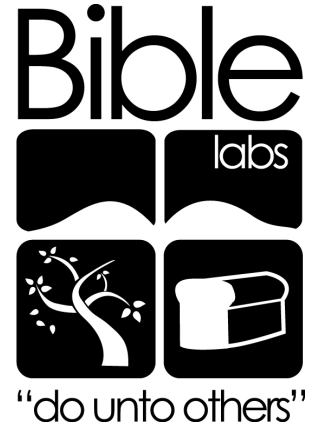


BIBLE LABS PLANNING FORM



School Name

Bible Labs Coordinator

We plan to do Bible Labs each

_____ week
_____ month

For first semester we have planned the following activities for Bible Labs:

Principal's Signature _____