



"Connecting People to the Life Changing Power of God"

KISKI VALLEY | AG

Welcome

Todd Pugh, Pastor August 8, 2010



Connecting to Family...

God provides growth and healing through relationships. We purpose to enjoy getting to know each other and build each other up through encouragement and prayer. Relationships grow in small study and ministry groups. Everyone is encouraged to be involved. We want every person to feel loved and wanted. Every church member has a God given role to fill and is encouraged to discover and use their gifts and abilities.

Service Times

Sunday

9:00 am
10:30 am

Growth Groups for all ages
Worship Service

*Nursery birth-3 year olds
*Children's Church (ages 4-12)
following Praise and Worship

7:00 pm

Youth Services (ages 12-18)



Wednesday

7-8:15 pm

Canceled for the Summer
See you in the fall!

Because our children are so precious to us, we require all volunteers pass a clearance test to work with our kids.

www.kiskivalleyag.org 724 845 9405

This Month: August Sermon Series: Navigate Life
August 22—Church Family Picnic-Invite your friends and family
September: No Sunday Morning Growth Groups- Sept. 5th

Water Baptism-If you would like to be baptized in water, please indicate on your response card and you will be contacted soon. Tentative date: Aug. 29th.

Membership-If you would like to become an official KVAG member, please indicate on your response card.

Growth Group Leaders- Lunch Meeting, Sunday, August 8th after church.

Church Picnic Northmoreland Park Pavilion #1

Sunday Aug 22

Invite your family and friends

Picnic Time

Connect To God

Connect To Family

Connect To Our World

Fall 2010 Growth Groups

Kick-Off Sunday September 12th

Connection Card

Please complete and place in offering or give to an usher.

Today's Date: _____

Your Name: _____

Phone or Email: _____

I would like to be water baptized _____

I would like to become a member _____

Church Picnic Sign-up

_____ Number of people attending

We will bring the following dish:

Visitation & Care Needs:

Please inform the visitation team of your needs or those you know about.

Upcoming Hospital Stay _____

Date scheduled _____

Current Hospital Stay _____

Hospital: _____

Homebound _____ Chronic Illness _____

Name: _____

Illness/Injury: _____

(over, please)

