



Group Registration

Please Print Clearly

Date: _____

Group Name _____

Group Type: _____

Church Service School Agency Buisness Other _____

Primary Contact Person:

Name _____
 Address _____
 City: _____ State: _____ Zip: _____
 Phone: Home _____
 Work _____
 E-Mail: _____

Group Availability:

Mornings Afternoons Evenings

Daily Weekly

Monthly Bimonthly

Mon. Tues. Weds. Thurs. Fri. Sat. Sun.

Other _____

Group Members: _____

Group Leader/Coordinator Signature:

Signature _____ Date: _____