

DATE: _____
NAME(S): _____
ADDRESS: _____
CITY: _____ ZIP: _____
EMAIL: _____
PHONE: _____ DATE OF BIRTH: _____

- I'm interested in joining a Life Group
- I'm interested in facilitating a Life Group

WEEKLY AVAILABILITY (MARK ALL THAT APPLY)

Placement in a group is not guaranteed at these times
as we may or may not offer groups in all these time slots.

MON	TUES	WED	THURS	FRI	SAT	SUN
<input type="checkbox"/> morn	<input type="checkbox"/> morn	<input type="checkbox"/> morn	<input type="checkbox"/> morn	<input type="checkbox"/> morn	<input type="checkbox"/> morn	<input type="checkbox"/> morn
<input type="checkbox"/> aft	<input type="checkbox"/> aft	<input type="checkbox"/> aft	<input type="checkbox"/> aft	<input type="checkbox"/> aft	<input type="checkbox"/> aft	<input type="checkbox"/> aft
<input type="checkbox"/> eve	<input type="checkbox"/> eve	<input type="checkbox"/> eve	<input type="checkbox"/> eve	<input type="checkbox"/> eve	<input type="checkbox"/> eve	<input type="checkbox"/> eve

PREFERRED FREQUENCY OF MEETINGS

- Weekly
- 2x/month
- 1x/month

AGE & GROUP INTEREST (MARK ALL THAT APPLY)

- 20s
- 30s
- 40s
- 50s
- 60s
- 70s+
- Singles (mixed)
- Married
- Women's
- Men's
- Mixed: Single & Married
- Children
- Pre-school
- Elementary
- Jr. High
- High School
- Life Stages:
 - Same as mine
 - Various

If there is a person or persons you would like to be in a Life Group with, please list their name(s) here:
