



## Small Group Request Form

Please fill out this form with information as you want it to appear in the directory. The Small Group Director will contact you to let you know if your request is approved.

### LEADER INFORMATION

First Name		Last Name	
Street Address			Apt. #
City		State	Zip
Day Phone	Evening Phone	Email	
Have you been through the Small Group Orientation?		What Plug-In courses have you been through?	
Have you submitted a Small Group Application?		Do you agree to keep the Honor Code?	

### GROUP INFORMATION

Name of Group		Do you have an Assistant Leader? If yes, who?	
Group Category (Please check one)			
<input type="checkbox"/> Growth Small Group <input type="checkbox"/> Interest Small Group <input type="checkbox"/> Touch Small Group			
Group is Open To (Please check one)			
<input type="checkbox"/> Anyone <input type="checkbox"/> Married <input type="checkbox"/> Singles <input type="checkbox"/> Jr. High Youth <input type="checkbox"/> Sr. High Youth <input type="checkbox"/> College			
<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Senior Adults <input type="checkbox"/> Other _____			
Brief Description (Please limit to 50 words)			
Requirements for Small Group			
Term		What dates will you meet this term?	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
Meeting Day	Meeting Time (include AM or PM)	Will your group provide childcare?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Meeting			
Address			
City		State	Zip