

Small Group Roster

LEADER INFORMATION

Name: _____

Email: _____

Address: _____

Major cross streets: _____

City: _____ Zip: _____

Phone: _____

Day your group meets: _____

Time: _____

Is your Small Group open to connecting new people?

Type of group: (please check one)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Prime Timers (50+) | <input type="checkbox"/> Couples |
| <input type="checkbox"/> Young Couples (20s & 30s) | <input type="checkbox"/> Men |
| <input type="checkbox"/> Singles' (30s & 40s) | <input type="checkbox"/> Women |
| <input type="checkbox"/> Mixed (Couples/Singles) | |
| <input type="checkbox"/> College & Young Adults | |

SMALL GROUP MEMBERS

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

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