

Group Information:

Your Name: _____

Co-Leader's Name (if applicable): _____

Area (check one): MEN'S WOMEN'S CO-ED MARRIAGE FAMILY FPU

YOUTH YOUNG ADULTS SINGLES MILITARY LIFE STARTING POINT

If you are using a curriculum, book, etc. which one? (Please give author, title, etc.) _____

If using a curriculum, book, etc. what Leader's Resources do you need: _____

How many people can you host at your location (including yourself) (add five to total account for attrition): _____

Will childcare be provided? _____

When will you meet (day and time): _____ Start Date? _____

Where will you meet: _____ Wheelchair accessible?

How often (weekly, bi-weekly, etc.): _____

Group open to accepting people throughout semester? (check one) YES NO

Please write a brief description to advertise your group and the curriculum (both for directory/website):

What phone number and email do you want made available for people to reach you?

Small Group Leader Sponsor (leader of the last group you attended, if you are a new leader):

TFH Small Group Leader: : _____ Semester(s) in Group (dates): _____

For Office Use Only:

Added to website
 Added to directory
 Leaders Material Ordered

Notes: