

C.I. GROUP CATALOG

Please check all that apply: Spring Summer Fall

IS THIS A NEW OR AN UPDATE TO AN EXISTING GROUP?

Please check all that apply: New Updated Continuous

Type of Group: Connect Grow Reach

Yes, I have completed a Calendar/Facility Use Form and my dates have been approved.

Today's Date: _____

LEADER:

Name (First & Last)

Home Phone (including area code)

Cell or Other Phone (including area code)

E-mail Address

What contact information would you like to use in the C.I. Catalog: E-mail Home Phone Cell/Other Phone

ASSISTANT: *(if applicable)*

Name (First & Last)

Home Phone (including area code)

Cell or Other Phone (including area code)

E-mail Address

C.I. GROUP DETAILS: *(Please be specific)*

Meeting Location (e.g. Someone's Home, TCC, Restaurant, etc. etc.)

Physical Address of Location

City

Meeting Day/Time (i.e.: Thursdays, 6:00pm)

Frequency (Weekly, Monthly)

Dates

Topic of Group

Name of Group (Optional)

Curriculum

Potential Costs

Men Women Married Parenting Single Adults Everyone Welcome Mature Adults Youth

Age Group: _____

Has your curriculum been approved by Pastor Carolyn? Yes No

Is childcare provided? Yes No

Write one or two lines that describes the group. *(Use the back of this form if needed)*

OFFICE USE ONLY

Date ____/____/____ Approval _____

PLEASE RETURN ALL COMPLETED FORMS TO THE BOTTOM FILE OUTSIDE PASTOR CAROLYN'S OFFICE

Revised – Jan. 2010