

3/10/2007

Community of Grace Adult and Family Ministry Small Group Information Form

Part 1: (Filled out and returned to Area Leader prior to review)

First/Last Name _____
Address _____
City _____ UT Zip _____
Home/Cell Phone _____
Email _____ COG member for over 6 moths: Yes ___ No ___
Name of your group _____
(Description/purpose)

Part 2: (Filled out during review with Area Leader)

Group category: PLAY& PRAY ___ CONNECT-CHRIST ___

Location needs _____

Day Weekly ___ Monthly ___ Time _____

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Start Date _____ Session Duration _____

Group Specifics

Men only ___ Women only ___ Mixed ___ Special groups (family, college students, etc) _____

Max number of participant's _____

Childcare provided ___ no ___ yes Costs _____

Closed to newcomers after 1st intro. session _____

Open to newcomers throughout the session _____

Small Group Coordinator info:

Date request received _____

Date of request review _____

Listed on church calendar _____ *Room assignment* _____

Small group facilitator training _____ *Key issued* _____

Sign ups/promotion _____ *Group began* _____ *Evaluation review* _____
