

Type of Group: Women's Men's Mixed Couples Seniors Youth/Singles**Name of Study** _____**Leader(s):** _____**CoLeader(s):** _____**Day** _____ **Time** _____ **Location of meeting** _____**Leader's contact information:****Phone** _____ **Cell** _____ **Email** _____

Name: _____ Address _____ City _____

My Contact Info: Phone (H) _____ (C) _____ Email _____

I prefer to be contacted via Home Phone Cell Phone Email

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