



Small Faith Communities

Name

Address

City

State

Zip Code

Home Number

Cell Phone

Email Address

Most important to me is:

- Day and Time Preference Group Type Preference

First Choice

Day of Week Preference - Circle one

S M T W TH F S Morning Afternoon Evening

Second Choice

Day of Week Preference - Circle one

S M T W TH F S Morning Afternoon Evening

Group Type Preference:

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Neighborhood / Zones | <input type="checkbox"/> Young Mothers |
| <input type="checkbox"/> College Group | <input type="checkbox"/> Seniors (age 55+) |
| <input type="checkbox"/> All Women | <input type="checkbox"/> Young Adults (age 20-30s) |
| <input type="checkbox"/> All Men | <input type="checkbox"/> Adult Singles (age 30 - 50s) |
| <input type="checkbox"/> Married Couples (age 25-40s) | <input type="checkbox"/> Young Couples (age 20-35) |
| <input type="checkbox"/> Married Couples (age 50+) | <input type="checkbox"/> Young Couples w/Children |

Child care is provided by the church on Wednesday nights. I will need babysitting

- Yes
 No