

Request for Leading Another Group

Name: _____

Address: _____

Email: _____

Please only list numbers that you want us to contact you and indicate which one is okay to leave a message.

Cell Phone: _____

Home: _____

Work: _____

Please describe the group that you want to lead; be sure to include the audience, materials you need, how long and when you would like to meet, and if the group will be an open or closed group.

Approval

Date