

# ADVENT AWAKENINGS

## SMALL CHRISTIAN COMMUNITY SIGN-UP CARD

ADVENT  
AWAKENINGS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

***EITHER indicate the day and time you prefer***

***If you would be willing to host the meeting, click here*** ↴

Day	&	Time			
<input type="checkbox"/> Monday		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	○
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	○
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	○
<input type="checkbox"/> Thursday		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	○
<input type="checkbox"/> Friday		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	○

***OR indicate here if you prefer to meet locally***

Neighborhood

Location

Day/Time

SCC Leader

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For administrative use**

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