

LIVE LENT!



SMALL-GROUP SIGN UP CARD

Name _____
Address _____
Telephone _____
Email _____

PLEASE INDICATE THE DAY AND THE TIME YOU PREFER:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <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 |
| <input type="checkbox"/> SATURDAY | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

If you prefer to meet locally, indicate here:

If you would be willing to host the meeting, indicate here:

FOR ADMINISTRATIVE USE

SG Leader
Day/Time
Location

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