

Grace Within Registration Form

Date _____

Name _____

Address _____

City/State/Zip Code _____

Phone (cell) _____ (home) _____

Email _____

How long have you lived in this community? _____

Do you have family here? Yes No

Have you ever been part of a facilitated small group? Yes No

Why are you interested in this group?

Intellectual Spiritual Psychological/Emotional
 Social Other (please be specific) _____

What are your expectations about this group?

What do you need from the persons in leadership?

If child care were offered, would you use it? If yes, please provide the name and age of each child.

Office Use Only: Date received _____ Amount Due _____ Paid _____ Scholarship _____