



LIFEGROUPS

Re-Registration Application

Please fill out the application in full. In the event a question does not apply to you, put "N/A" for not applicable. We value your privacy and will protect all information provided. Thank you for your interest in leading a group.

Return completed applications to your Campus Leadership/Life Group Coordinator.

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Group Name: _____

Any changes to your group this semester? Yes ___ No ___

Group Information

Only complete this bottom section if you checked "Yes."

Circle the type of group you lead:

Everyone Family/Marriage Men Women

Student Young Adult Outreach

Is your group kid friendly? Yes ___ No ___

Is your group invite only? Yes ___ No ___

Meeting Day: _____ Meeting Time: _____

How often does your group meet? _____

Any additional information:
