

# Covenant Group Participant Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Age Range (check one)    \_\_\_\_\_ 18-35    \_\_\_\_\_ 36-50    \_\_\_\_\_ 50+

Gender (check one)        \_\_\_\_\_ Female        \_\_\_\_\_ Male

Please list any limitations you have related to transportation (Can't drive at night, do not have a car etc.)

\_\_\_\_\_

Would you be willing to have a Covenant Group Meeting in your home once per year (or more)?

(Check one)    \_\_\_\_\_ Yes (once)    \_\_\_\_\_ Yes (more than once)    \_\_\_\_\_ No

I am available on the following days and times: (Circle all that apply)

|                  |         |           |         |
|------------------|---------|-----------|---------|
| <b>Monday</b>    | Morning | Afternoon | Evening |
| <b>Tuesday</b>   | Morning | Afternoon | Evening |
| <b>Wednesday</b> | Morning | Afternoon | Evening |
| <b>*Thursday</b> | Morning | Afternoon | Evening |
| <b>Friday</b>    | Morning | Afternoon | Evening |
| <b>Saturday</b>  | Morning | Afternoon | Evening |
| <b>*Sunday</b>   | Morning | Afternoon | Evening |

*\*Thursday Evening and Sunday Morning Groups will meet at the church. Childcare will be provided.*

Do you have any special needs or anything in particular you would like for us to know as we consider your placement in a group?

\_\_\_\_\_

\_\_\_\_\_