



Small Group Request Form

General Information

Group/Activity Name _____

Leader Name _____

Date Submitted _____ Daytime Phone _____

From each line below, choose one entry that best fits your group:

Community Group (common interest) Inside-Out Group (spiritual/character growth)

Long-Term Group Short-Term Group Start Date _____ End Date _____

Open Group Closed Group If Closed, Registration Deadline _____

Meet: Weekly? Every-Other Week? Monthly? Day of Week _____

Scheduled Time of Meeting _____ - _____ # of Participants _____

Meeting Location _____

Briefly Explain Your Vision of Group _____

What are Your Plans for Children of Group Participants? _____

Action

Comments _____

Group Leader Training Sessions Attended: _____

Initial Training Date _____

Other Training Date _____

Description of Training _____

Other Training Date _____

Description of Training _____

Pastoral Approval _____ Date _____