

# 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 \_\_\_\_\_

