

Small Group Sign Up Sheet

Name: _____

Email: _____

Telephone Number: _____

Gender: Male _____ Female _____

Age Group:

15-18 _____; 19-24 _____; 25-35 _____; 36-45 _____
46-55 _____; 56-65 _____; 66-75 _____; 76+ _____

Are you in high school? Grades 9-10 _____ Grades 11-12 _____

Are you in college? _____ School: _____

Are you engaged? _____

Are you married? _____

Do you have children? _____ How many? _____ Ages? _____

Address:

Circle the days that are best for you:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Would you be able to have the meeting at your home once or twice a month? _____

What would be the maximum distance you would be willing to drive to get to your small group meeting? _____

Were you in a small group last year? Yes _____ No _____

If so, would you like to stay in the same small group? Yes _____ Does Not Matter _____

What language are you most comfortable with? Arabic _____ English _____

Other things you think we should know when placing you in a small group:

Please send the completed form to [Jeana Mushriqui](mailto:jeana.mushriqui@gmail.com) at jeana.mushriqui@gmail.com.