



INTEREST FORM

Please print clearly

Name:		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
Address:				
Home Phone:		Other Phone:		
Email:		Preferred method of contact: Home Ph / Other Ph / Email		
Small Group Location you prefer: MISSISSAUGA / MILTON / BRAMPTON				

Please fill out **ANY** or **ALL** of the below ways you want to get involved in Small Groups:

JOIN a Small Group:						
Type of Small Group (check off which one you prefer):						
<input type="checkbox"/> Mixed Adult	<input type="checkbox"/> Men Only	<input type="checkbox"/> Women Only	<input type="checkbox"/> Singles	<input type="checkbox"/> Couples	<input type="checkbox"/> Families	
Day or Evening you prefer (check off & circle ALL available days)						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

LEAD a Small Group:						
Have long have you attended City Centre?			Are you a member? Y / N			
Have you ever lead a small group before? Y / N			If so, where?			
Day or Evening you prefer (check off & circle ALL available days)						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

HOST a Small Group-in-a-box:						
Type of Small Group (check off which one you prefer):						
<input type="checkbox"/> Mixed Adult	<input type="checkbox"/> Men Only	<input type="checkbox"/> Women Only	<input type="checkbox"/> Singles	<input type="checkbox"/> Couples	<input type="checkbox"/> Families	
Day or Evening you prefer (check off & circle ALL available days)						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM