

Small-Group Sign-up Card

Small-Group Leader: -----
Day/Time : -----
Location: -----

Name	Address	City
Phone	Email	
Day and Time Preference	Morning	Afternoon Evening
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Please indicate your first and second choice for the day and time you prefer.		
I am willing to host in my home. Yes ___ No ___		

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