

Name _____ Address _____
 _____ City _____ Zip _____
 Phone _____ Email _____

Locations: I would like to be in (circle all that apply):

Participants and leaders

Leaders and potential leaders only

A group that meets at church.
 A group in, or near, my neighborhood.
 I am willing to host a small community in my home but not lead.

I am a Returning leader.
 I am/will be a New Leader.

Please indicate your status circle statements which apply to you

I will participate by supporting through prayer. I am a New Participant.

Returning Participant. I want to be placed in a new group.
 I participated previously but cannot at this time .
 I can help in the nursery, please call me..
 I can assist in envelope stuffing/mailings; any general assignment or area of need.

Day and Time Preferences (indicate 1st or second choice

Please indicate your first and second choices for meeting times. We will try our best to accommodate your preferences.

Evening Sessions	Tues	Wed	Thursday	(Most sessions meet 7p – 8:30p)
Morning Session	Thursday	9:45am – 11:15am		

My second choice would be: _____ Limited childcare available Thursday morning. Reservations required We need volunteers!

Name and age(s) of child(ren) _____

Pequeñas Comunidades de Fé Hispana

Nom-
bre _____ Dirección _____

Phone _____ Email _____

Día de la semana (circula preferencia) Lunes Martes Miércoles Jueves Viernes Sábado Domingo

Hora Preferida _____ am _____ pm Parroquia a la que pertenece _____

Te gustaría ser facilitador de un grupo (circula preferencia) si n

Lugar de reunión (circula preferencia) SMM hogares

Por mas informacion

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Please Print Clearly

**It really makes a
difference.**

Return to RE office

Kathy Huey