



COMMUNITY GROUP REGISTRATION FORM

First Name:	
Last Name:	
Address:	
City/ State:	
Email:	
Phone Number:	
Date of Birth:	
How long have you been attending CUHOW? (Circle 1 Answer)	
0-3 Months	3-6 Months 6-12 Months 1 Year +
Have you attended a CG Training before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the name of your Community Group?	
Please Indicate the type of Community Group: <input type="checkbox"/> Home <input type="checkbox"/> Free-Market <input type="checkbox"/> Ministry Group	
Who can attend?: <input type="checkbox"/> Males Only <input type="checkbox"/> Females Only <input type="checkbox"/> Families <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Anyone	
Please give a brief description of the group:	
Will your group offer child care?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How often will your group meet?: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	
What day of the week will your group meet?: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
What time will your group meet? _____:_____	
What is the address that your group will meet?	
Do we have permission to provide your name and CG location to CUHOW members interested in attending?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What age range will be in your group: (Circle applicable)	
Teens	20-30 31-40 50 and above Other
Have you completed Growth Track?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any questions about hosting or leading a Community Group?:	

Signature: _____