

Small Group Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Are you married? Yes / No Children? Yes / No Ages \_\_\_\_\_

Are there any day you can't meet? Mon / Tues / Wed / Thurs / Fri / Sat / Sun

Do you have an age group preference? \_\_\_\_\_

\*\*When complete, please leave this form in mailbox #65 or #241

\*\*\*Questions or comments can be written on the back of this paper. Thank you!