

FUUSA Small Group Ministry Signup—Fall 2010

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to be in a group.

*Please enter preferred meeting time in the table below. Rank preferences with one as highest.*

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Morning							
Afternoon							
Evening							

Have you been in a small group ministry/covenant group before? YES NO

*Please return this to FUUSA office, 405 Washington Avenue, Albany, NY, 12206*

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