

The Life Church at Charlotte

Life Group Request Form

LOGO

We look forward to helping you get your Life Group started! Please fill out this Request Form with information as you want it to appear in the directory and return it to the church office. You will be contacted when your Life Group has been approved.

The Life Church at Charlotte . PO Box 77211 . Charlotte, NC 28271-7003

LEADER INFORMATION

Last Name		First Name	
Street Address			Apt.#
City	State	Zip	
Day Phone	Evening Phone	Email	

GROUP INFORMATION

Name of Group	Do you have an Assistant Leader? If yes, who?
Group Category (Please check one) <input type="checkbox"/> Growth Life Group <input type="checkbox"/> Interest Life Group <input type="checkbox"/> Touch Life Group	
Group is Open To (Please check one) <input type="checkbox"/> Anyone <input type="checkbox"/> Married <input type="checkbox"/> Singles <input type="checkbox"/> Jr. High Youth <input type="checkbox"/> Sr. High Youth <input type="checkbox"/> College <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Senior Adults <input type="checkbox"/> Other _____	
Brief Description (Please limit to 50 words)	

Requirements for Life Group

Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	What dates will you meet this term?
Meeting Day	Meeting Time (include AM or PM)
Will your group need childcare to be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location of Meeting

Address		
City	State	Zip

Please sign:

I have gone through Discovery 101, attended the Life Group Orientation, agree to keep the Honor Code, and my Life Group Leadership Application has been approved.

Signature _____ Date _____