



Circle of Service Registration Form

Circle Name: _____

Primary Contact Person: _____

Contact Email: _____ Contact Phone Number: _____

Member Names:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How is your group connected (friends, co-workers, sports team, club, etc...)? _____

Age range of members: _____

Gender of members: Male Female Male and Female

Project frequency (monthly, seasonally, other): _____

Maximum project duration (half day, full day, weekend, other): _____

Will Circle members contribute financially toward project materials and supplies? _____

Maximum budget per project (contributed by members): \$ _____

Does your Circle have a special focus or are you open to a variety of projects? _____

Anything else that you would like people to know about your group? _____

