

First Unitarian Universalist Church of Columbus, Ohio Covenant Group

Name _____ Date _____

Address _____

City, State, Zip _____

Phones: Home _____ Cell _____

Email _____

Preferred time and method to be contacted: _____

Information about you *(Please check all that apply)*

- I have participated in a Covenant Group in the past
- I would like to be in the same Covenant Group as last year, if possible. (The Covenant Group Steering Team will try to honor these requests, but it may not be able to.)
- I am a Member of this church
- I am a Friend of this church

Please indicate your preference of meeting time below: 1 = first choice, 2 = second choice. 3 = third choice

Weekday evenings ____

Weekday daytime ____

Weekend day or evening ____

Other information *(Please check all that apply)*

- I can offer my home as an occasional meeting location
- I need child/adult care
- I need a sign language (ASL) interpreter
- I have transportation needs. (Please specify) _____
- I have other requirements to participate. (Please specify) _____

List below, the name of any individual you need to have in your covenant group for a specific reason such as your reliance on them for transportation. That person must also be registered.

I would be interested in learning more about being a covenant group facilitator. ____ Yes ____ No

The Covenant Group Steering Team,
First Unitarian Universalist Church
93 West Weisheimer Rd.
Columbus, Oh. 43214