

Student Ministries LifeGroup Registration

Student Name Male Female

Address

City State Zip

Email Date of Birth

School Grade

Cell Phone Texting ??? Yes No

We will do our best to place you in a LifeGroup with ONE of your friends.

Name of ONE friend you would like to be in a LifeGroup with.

If you were in a LifeGroup last year, who was your leader?

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