Life Group Directory Form

Leader Information

First: _____ Last: _____

Phone #: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Have you attended the RLM new leader training meeting? Y ☐ N ☐

Have you attended the Pillars Life Group? Y ☐ N ☐

Life Group Information

Nme of Group: _____

Description: _____

Meeting Day: _____ Meeting Time: _____

Meeting location address: _____

City: _____ State: _____ Zip: _____

Child Care Provided: Y ☐ N ☐

Requirements: _____

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