

## SMALL GROUP Survey

Name: \_\_\_\_\_

Contact info: \_\_\_\_\_

Interests

Day of Week: S/ M/ T/ W/ R/ F/ S

Time: AM / Midday / Afternoon / Evening

Host: Yes / NO

Lead: Yes / NO

Topic Preference if any: \_\_\_\_\_

\_\_\_\_\_

Childcare needed: Yes/ NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions please see Joel Cunniff.

Please place survey in the offering basket or hand to Joel.

Thank you for your time and interest.