

***“Life-Together” Care Groups  
Participation Form***

Please fill out this form and return it to Cindy Meador ***Discipleship Coordinator***. Thank you!

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

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

How do you prefer to be contacted? Circle all that apply: **TEXT**    **EMAIL**    **PHONE**

Family Information (Spouse and children’s name and age):

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

1. Would you be willing to open your home up to host a care group?    **Yes**    **No**

2. Who goes to **Trinity-First UMC** that lives near you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What would you like to study in your *Life Together* care group?

\_\_\_\_\_

\_\_\_\_\_

4. Would you be interested in helping with refreshments for your care group?    **Yes**    **No**

