# Three Rivers Walk to Emmaus

## Reunion Group Information Sheet

Please fill out this information form clearly – printed

Reunion Group Name: _____

Reunion Group Location (area/region where the reunion group gathers, meets,etc.): _____

Reunion Group Contact(s):

| | |
|---|---|
| Group Contact Person ( ) | Group Contact Person ( ) |
| Name: | Name: |
| Address: _____ _____zip_____ | Address: _____ _____zip____ |
| e-mail = | e-mail = |
| Phone ( ) | Phone ( ) |

Our Reunion Group Meets:

Day of Week: Time:

Su M Tu W Th F Sa (circle one) __:____ a.m. p.m.

We Meet: Weekly 1st & 3rd Week 2nd & 4th Week (circle one)

Other (please specify):

_____

Location where we meet: _____

Address:_____

Our Group is:

Men Only Women Only Mixed Group (circle one)

Are others available to join your group? Yes No (circle one)

Are you willing to train new reunion group leaders? Yes No (circle one)

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Please submit form to Rev. Andy Wahl at PastorAndy@comcast.net with changes and updates...