



SMALL GROUP LEADER APPLICATION

LEADER NAME: _____

CONTACT INFO: _____

CO-LEADER NAME: _____

CONTACT INFO: _____

NAME OF GROUP: _____

HOW OFTEN WILL YOU MEET: _____

WHAT WILL YOU DO IN YOUR GROUP: _____

BOOK / CURRICULUM YOU WILL UTILIZE: _____

WHERE WILL YOUR GROUP MEET: _____

APPROVED BY PASTOR: _____

DATE: _____