

Wonder Woman Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email Address: _____

When would you prefer your meeting to be? (Circle One)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What time of day would you like to meet? (Circle One) **Morning Afternoon Evening**

How often would you like to meet? (Circle One) **Once per week Once per month Twice per month**

Would you like to meet around a meal? (Circle One) **Yes No Doesn't matter**

If yes what meal? (Circle One) **Breakfast Lunch Dinner Coffee**

On a scale of 1 to 10 with 1 being none or little and 10 being a whole bunch, rate your Biblical knowledge:

|-----|-----|-----|-----|-----|-----|-----|-----|-----|
1 2 3 4 5 6 7 8 9 10

Would you be interested in leading a group?: (Circle One) **Yes No Maybe**

Would you need childcare? (Circle One) **Yes No Occasionally**

Names and ages of child(ren):

Three parts to small group are Bible study, prayer and fellowship. I prefer a group that is:

Bible Study	Prayer	Fellowship
33.3%	33.3%	33.3%

50%	25%	25%

75%	12.5%	12.5%

I can provide a "safe place" for my Wonder Woman group with the ground rules for your group will be "what happens at Wonder Woman Group, stays at Wonder Woman Group." Everyone must agree that they will not under any circumstance divulge anything they hear in the group, not even with a trusted friend or spouse.

Agreed? (Circle One) **Yes No**