

UUCLR Covenant Group Registration

Date of Application: _____

Date of Assignment*: _____

Name: _____

E-mail: _____

1st Phone: _____ (_____)

2nd Phone: _____ (_____)

Address: _____

City/Zip: _____

Please indicate days/time when you are not available (e.g., 4th Tues. Board meeting OR 6-8 pm Mondays):

Check if you: wish do not wish to participate in the same Covenant Group as your partner/spouse
(name) _____

Which location would you prefer? Little Rock North Little Rock No preference

**NOTE: You will be assigned to a group randomly based on your availability and current size of the groups. Your new Covenant Group leader will be contacting you soon! If you have any questions, please contact Linda VanBlaricom, lvbuu2@juno.com.*

Please complete form & return to the church office via Paula Gribble, Coor. of Lay Ministry, or drop it in the box outside Minister's office.