

UUCLR Covenant Group Registration

Date of Application: _____ Date of Assignment*: _____

Name: _____ E-mail: _____

Phone 1: _____ (_____) Phone 2: _____ (_____)

Address: _____ City/Zip: _____

Please indicate days and times when you are NOT available:

Check if you: wish do not wish to participate in the same Covenant Group as your partner/spouse.

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 Van Blaricom at lvbuu2@juno.com*

Please complete this form and return to the church office – 1818 Reservoir Rd, Little Rock 72214