

EFC SMALL GROUP APPLICATION

Please fill out completely.

Your Name: _____ Do you text? yes or no
Email: _____
Phone Number: _____
Address: _____
D.O.B: _____

Co-Host Name: _____
Email: _____
Phone Number: _____
Address: _____
D.O.B: _____

Name of Small Group: _____
Description of Small Group: _____

What is your small group category? (Circle one)
Special Interest Bible Study Outreach Prayer Fellowship Freedom

Age Group: 20's 30's 40's 50's 60+ College Mixed Ages
Who can attend your group? Married Single Married and Single
Are children allowed to attend? yes or no
If yes, what ages? (Circle all that apply) 0-4 5-10 11-18

How often will your group meet: _____
Small group start date: _____ How many weeks (End Date) _____
Address of Meeting Place:

Area of Town:
Edcouch Elsa La Villa Weslaco Mercedes Harlingen
Edinburg Pharr Mcallen Mission Donna Other: _____

Day of Meeting:
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time of Meeting:
_____ AM or PM