



GROUP ENROLLMENT SHEET

Check Type of Group:

- 12 Weeks – New Spiritual Horizons
- 8 Weeks – Foundations of Spiritual Development (IPM)
- 14 Weeks – Dimensions of My Past, My Present and My Future (IPM)
- 10 Weeks – Exploring the Wisdom of My Universe (IPM)
- 10 Weeks – Exploring the Fifth Dimension – Part One (Astro-Soul)
- 8 Weeks – Exploring the Fifth Dimension – Part Two (Astro-Soul)
- 12 Weeks – Circle of Love – Facet One (PCC)
- 12 Weeks – Circle of Love – Facet Two (PCC)
- 14 Weeks – Meditation in Action – Facet One (PMM)
- 12 Weeks – Meditation in Action – Facet Two (PMM)
- 6 Weeks – Executives in Action - Level One (GET)

Check week group is in:			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 <input type="checkbox"/>	14 <input type="checkbox"/>		

DATE _____
CITY _____
STATE _____ MINI STATE _____
GROUP SHEPHERD _____
MEETING DAY _____
DATE OF 1 ST MEETING _____
GROUP LEADER/FACILITATOR _____
(Only if Group Shepherd is not Leader/Facilitator)

Please Print

AREA CODE AND TELEPHONE	FIRST AND LAST NAME	STREET, CITY, STATE & ZIP CODE	EMAIL ADDRESS

MAIL ONE COPY TO ALC AT ABOVE ADDRESS. RETAIN ONE COPY FOR THE GROUP SHEPHERD OR LEADER/FACILITATOR. THIS SETS UP COMMUNICATION.

Office: Received _____ Reviewed: _____ LTS: _____ Data Base: _____
--

