

Chalice Circle Registration

Name

Address

City, State, Zip

Phone

E-mail

I am already a member of a Chalice Circle

I wish to recommit to my present circle

I wish to switch to a different circle

I am unable to continue at this time

Comments:

I wish to join a Chalice Circle

*I am available on the following days and times:
(circle all that apply)*

3rd Monday evening 7-9 pm

2nd Friday evening 7-9 pm

Sunday evening 6-8 pm

None of these, but I AM available on _____

I have the following special need in order for me to be able to participate in a Chalice Circle.

Please return your form to the First Parish Office by October 23 2009