



Yes, I'm interested in joining a group.

FIRST NAME/S: _____ LAST NAME: _____

Home Phone: _____ Mobile: _____

EMAIL: _____

Street Address: _____

Suburb: _____ Postcode:

Age Group: 18-25 25-35 35-45 45-55 55+

Tick as many boxes as you like, to describe what might work for you.

Time of Group: Day Evening

The best day for me: Monday Tuesday Wednesday

Thursday Friday Saturday

Sunday Any day

Type of group: Any Group Singles Couples

Families Young Adults

Women's Men's

Please return this completed form to the Office and we will contact you.