



Liberty United Methodist Church

Small Group Information

Date: _____

H.O.S.T. Name _____

Phone Numbers Home _____ Cell _____

E-Mail Address _____

Facilitator Name (if different from H.O.S.T.) _____

Phone Numbers Home _____ Cell _____

E-Mail Address _____

Co-Facilitator Name (if applicable) _____

Phone Numbers Home _____ Cell _____

E-Mail Address _____

Location of the Small Group Meeting _____

Date Your Small Group Will Start _____

End Date for Your Small Group _____

Day of the Week Your Group Will Meet _____

Time of the Meeting _____

Curriculum: _____

Childcare Provided Yes No

Type of Small Group New Men's Women's

Married Couples Young Couples

Mixed Singles & Couples Singles