



Heart of the Ozarks Reunion Group Information



Instructions

Please fill out as fully as you can in order to better serve our pilgrims and community.

Group Information

Reunion Group Name		Meeting location City, State, Zip	
Meeting Days		Meeting Times	
Male / Female / Both		Accepting new members YES / NO	
Email Address		Primary contact number	

members

NAME

Phone / Email

Name / phone

Name / phone

Name / phone

Name / Phone

Name / Phone

Name / Phone

Name / Phone

Other information: _____
