



# Ignite Group Directory Form

## Leader(s) Information:

(Please print clearly and fill out completely)

Name(s): \_\_\_\_\_ Home Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone(s): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

(If you have more than one leader please write the above mentioned information on the back of this form.)

## Website Contact Information:

Is the contact information you provided allowed to be placed on our church website?  YES  NO

If you indicated NO, provide contact information you would like to have posted on our church website. Remember: This contact information is available for public access on the Internet, not just for church members.

Name(s): \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address(es): \_\_\_\_\_

If your group is a service group (i.e. youth, kids, ushers, greeters, etc.) please check this box:

## Group Information

(In the following tables, check all boxes that apply and fill in all information.)

Name of Group: \_\_\_\_\_

### Ages

4 - 12	<input type="checkbox"/>	40 - 49	<input type="checkbox"/>
13 - 18	<input type="checkbox"/>	50 - 59	<input type="checkbox"/>
19 - 22	<input type="checkbox"/>	60 - 69	<input type="checkbox"/>
23 - 29	<input type="checkbox"/>	70+	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>		

### Focus

Prayer	<input type="checkbox"/>
Worship	<input type="checkbox"/>
Outreach	<input type="checkbox"/>
Bible Study	<input type="checkbox"/>
Community	<input type="checkbox"/>

### Category

Arts/Education	<input type="checkbox"/>	Men	<input type="checkbox"/>
Children	<input type="checkbox"/>	Recreation	<input type="checkbox"/>
College & Career	<input type="checkbox"/>	Seniors	<input type="checkbox"/>
Family	<input type="checkbox"/>	Women	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	Youth	<input type="checkbox"/>

### Childcare

YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If yes, what is your plan?:	

### Meeting Time Information

Day	Frequency	Specific Time
Sunday	<input type="checkbox"/> Weekly	____ : ____
Monday	<input type="checkbox"/> Biweekly	____ : ____
Tuesday	<input type="checkbox"/> Monthly	____ : ____
Wednesday	<input type="checkbox"/> Wed. night group	____ : ____
Thursday	<input type="checkbox"/> One meeting	____ : ____
Friday	<input type="checkbox"/>	____ : ____
Saturday	<input type="checkbox"/>	____ : ____

If your group does not meet on a regular schedule, please list ALL meeting dates, times, and locations.

Date	Time	Location

## Group Description: (Finish one of the following sentences.)

When we meet... \_\_\_\_\_

Our goal is... \_\_\_\_\_

## Office Use Only:

Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_\_ Semester: \_\_\_\_\_