

Connection Card

Name: _____

Spouse's Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Cell: _____

Email: _____

Age Group: 18-29 30-54 55+

Children and Ages: _____

Ministries You Currently Participating or Serving In: _____

What Interests You Most About a Covenant Group?

(Check All that Apply):

Fellowship Bible Study

Other: _____

What is typically the Best Time of the Week for You to Meet?

Weeknights

Weekends

I am interested in a group that meets in:

Central Valpo

East Valpo

Portage

Chesterton

Kouts

Shorewood

Other: _____

I am interested in a group that serves:

Young Adults

Young Marrieds

Senior Adults

Married with Children

Special Interests/Other: _____

Any other requests or information pertaining to your interest in Covenant Groups: _____

RETURN COMPLETED FORMS
TO THE CHURCH OFFICE.

Thank you! A member of the Covenant Group team will get back to you shortly regarding small group options or any questions you may have listed above.

