



Body Life Ministry  
**SIGN-UP DATA SHEET**

\*\*\*NOTE: Please review all three goals before filling out

Please print. Please be advised that though noted preferences below will be helpful in guiding your placement, no guarantee can be given that all preferences can be met.

1) Adult Name(s): \_\_\_\_\_

2) Email (primary contact): \_\_\_\_\_ 3) Phone number: \_\_\_\_\_

4) I/we prefer a group that meets:  
\_\_\_\_ once a month \_\_\_\_ twice a month/every other week

5) I/we would prefer a group that meets during:  
\_\_\_\_ Weekend nights only      Any day(s) preferred? \_\_\_\_\_  
\_\_\_\_ Weekday nights only      Any day(s) preferred? \_\_\_\_\_  
\_\_\_\_ Doesn't matter

6) Adult age(s): \_\_\_\_\_

I/we prefer:  
\_\_\_\_ A group consisting of others generally around my age  
\_\_\_\_ A group consisting of a diverse range of ages  
\_\_\_\_ Doesn't matter

7) (This section only for those who have children of child-care age)

I/we prefer:  
\_\_\_\_ An adult-only group while I/we take care of child-care privately  
\_\_\_\_ An adult-only group that offers some form on-site child-care (Note: this option may possibly require either taking a turn supervising children or paying towards it.)  
\_\_\_\_ A family-oriented group with children participating in some portion of the meeting

\*\*\*If you checked yes to either the 2nd or 3rd option under #7, how many children do you have and what ages?

\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to: Information Table, Gary or Kristen Bush (Sundays), or the church office (weekday). Responses can also be emailed to [gareby@cox.net](mailto:gareby@cox.net) or [kmbush@cox.net](mailto:kmbush@cox.net). Thank you!*