



I want to be in a small group!

Name: _____

Address: _____

Suburb: _____

Phone: _____

Email: _____

Are you: Male Female Married Single

Age group: 18-26 27-40 41-55 55+

Preferred group type:

Male Female Young Adults Breathe Mixed Age Group

Preferred night:

Monday Tuesday Wednesday Thursday Friday

Preferred suburb: _____

Who would you like to be in a group with?

Please mail this form to: Wodonga District Baptist Church
Administration Centre
27 Parkview Close
Wodonga
VIC 3690