



## WORK GROUP APPLICATION FOR INDIVIDUALS OR GROUPS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of church or organization: \_\_\_\_\_

\_\_\_\_\_

Dates available: \_\_\_\_\_

(If applicable) How many in potential group?

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Adults: \_\_\_\_\_ Youth: \_\_\_\_\_

Skills available: \_\_\_\_\_

\_\_\_\_\_

Return form to: Brenda Morrell, W2511 State Road 23, Green Lake, WI 54941 or email to [BrendaM@glcc.org](mailto:BrendaM@glcc.org).