I want to join a Small Group!

Name:

Street:

Town: State: Zip:

Phone: ( ) -

Email:

Select one:

- Mondays 7-8:30 PM: 9/28, 10/12, 10/26 & 11/ 9
- Thursdays 7-8:30 PM: 10/1, 10/15, 10/29, & 11/12

Allergies or food restrictions:

Submit