



INFORMATION

LEADER INFO.

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

PHONE # (HOME) _____

(CELL) _____

EMAIL _____

PODS

REGISTRATION FORM

PLEASE FILL OUT THIS FORM IN DETAIL. RETURN IT TO PASSION CHURCH. THEN THE LEADERSHIP TEAM WILL CONTACT YOU WITH APPROVAL TO BEGIN MEETING. VISIT WWW.PASSIONCHURCH.TV OR CONTACT KARLENE ARTHUR FOR POD RESOURCES.



GATHER. GROW. GO.

POD INFO.

TARGET GROUP (SINGLES, WOMEN, MEN, YOUNG MARRIED, ETC.):

TYPE OF GROUP (STUDY, FELLOWSHIP, PRAYER, ETC.):

WRITE A SHORT DESCRIPTION OF YOUR GROUP AND PURPOSE:

LOCATION OF MEETING:

TIME OF MEETING:

MAXIMUM SIZE OF GROUP:



ENCOUNTER. . .EQUIP. . .ENGAGE