



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

\_\_\_\_\_ **Yes, I would like to be a part of a YDisciple small group!**

\_\_\_\_\_ **No, I am not yet ready to commit to a YDisciple small group.**

If **Yes**, please provide us with the following information:

Your Phone #: \_\_\_\_\_

Your Email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_

Write down three students you would like to have in your small group. (We will make sure that you are with at least one of the persons listed):

---

---

---