

group list and room allocation

Program _____

Facilitator _____

Co-Facilitator _____

Room Allocation _____

Name	Age	Phone	Church (if applicable)

Group Attendance

Group Members	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10

*The group attendance is for the facilitators' own records.
We suggest that you fill them in after the group has finished each week.*