



Covenant Groups General Enrollment

Name: _____

Preferred Phone: _____

E-Mail: _____

Address: (Local and seasonal):

Please check ALL that apply

I would like to enroll in a covenant group that meets year-round. _____
Year round groups meet monthly.

I am interested in a covenant group that meets seasonally. _____
I am in residence locally from _____ to _____
Seasonal groups meet twice monthly for 3-4 months.

I am available to meet: Mornings (year round only) _____

Afternoons: _____

Evenings: _____

Please email form to the UUFVB office (administrator@uufvb.org) or place in the Covenant Group box (#44) in the main office. A committee member will contact you to complete your registration and provide more information about the covenant group program.