

Chalice Circle Registration

Name

Address

City, State, Zip

Phone

E-mail

I am already a member of a Chalice Circle

I wish to recommit to my present circle

I wish to switch to a different circle

I am unable to continue at this time

Comments:

I wish to join a Chalice Circle

*I am available on the following days and times:
(circle all that apply)*

3rd Monday evening 7-9 pm

2nd Friday evening 7-9 pm

3rd Sunday evening 7-9 pm

None of these, but I AM available on _____

*I have the following special need in order for me to be able to
participate in a Chalice Circle.*

*Please return your form to the First Parish Office by January
3, 2011*