



WORK GROUP APPLICATION FOR INDIVIDUALS OR GROUPS

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____

E-mail address: _____

Name of church or organization: _____

Dates available: _____

(If applicable) How many in potential group?

Male: _____ Female: _____ Adults: _____ Youth: _____

Skills available: _____

Return form to: Janel Lopez, Vice President of Staff Development at GLCC, W2511 State Road 23, Green Lake, WI 54941 or email to JanelLopez@glcc.org.