



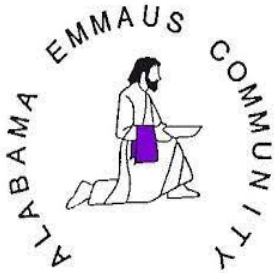
# REUNION GROUP INTEREST FORM

NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORIGINAL WALK# \_\_\_\_\_ DATE: \_\_\_\_\_



TYPE OF GROUP:

MEN	_____
WOMEN	_____
COUPLE	_____
MIXED	_____

LIST DAYS & TIMES THAT WOULD WORK WITH YOUR SCHEDULE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If you have any questions, please contact Allison Brooks at 256-394-2046 or at [allipbrooks79@gmail.com](mailto:allipbrooks79@gmail.com).

