



Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## UNION GOSPEL MISSION GROUP APPLICATION

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You may scan/email, fax, or mail in your application to either Valerie or Robyn

Name of Group/Organization: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing address:  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best time to contact \_\_\_\_\_

Anticipated size of your group: \_\_\_\_\_ to \_\_\_\_\_

Anticipated make up of your group:

Age Range	# Female(s)	# Male(s)
# Adults		
High School		
Children 11-13		
Children 8-10		
Children 5-7		
Children 4 & under		

Date or Day of Week available \_\_\_\_\_

Time(s) available \_\_\_\_\_

Department or program of UGM hoping to serve \_\_\_\_\_

Additional questions or concerns: \_\_\_\_\_

For UGM staff  
Commitment