



NEW CONNECTION GROUP REQUEST FORM

Instructions: Please complete this form and return it to the Council on Ministry Chair or Minister. All room requests are subject to availability.

Today's Date: _____

Name of Proposed Group: _____

Name of Point of Contact (must be a member of UCCV) _____

Phone: _____ Email: _____

Name of Lead Facilitator: _____

Phone: _____ Email: _____

Co-facilitator (optional) _____

Phone: _____ Email: _____

Date and Time of Proposed Meetings/Activity (Weekly, Monthly?):

Is your group open to everyone? Yes No

If not, please clarify

1.) Describe your group's activities. (What is the nature of this group/activity and whom do you expect your audience to be? Please be explicit. Feel free to include any supporting documentation such as website information and handouts.)

2.) What resources are required for your group/activity? (Examples—meeting space at UCCV, technology, communications, etc.)

3.) What do you hope this group will bring to our community?

4.) Please list any other special requests or information that the Council on Ministry should know here.
