

GROUP/CLUB/ORGANIZATION INFORMATION FORM 2018-2019 COMMUNITY RESOURCES GUIDEBOOK



Group Name:	Year Established:
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Is this a private group that should **not be** listed in the 2018-2019 Community Resources Guidebook?

(If yes, please complete this form so your information will only be included in the master activity list for our statistical reporting purposes.) No Yes *(check one)*

Meeting Day(s):	Meeting Time(s):
Location:	Estimated # of Members in Group:

BRIEF DESCRIPTION ABOUT YOUR GROUP (2 – 3 SENTENCES MAXIMUM)

Please list no more than two names.

GROUP LEADER	APT. #	PHONE NUMBER AND/OR E-MAIL
CO-LEADER(S) NAME(S)	APT. #	PHONE NUMBER AND/OR E-MAIL

I **GIVE** **DO NOT GIVE** *(check one)* consent for my name, apartment & phone number(s) to be published in the 2018-2019 Community Resources Guidebook for Charlestown resident use only. I understand this publication will be in circulation throughout the community as a paper document and on on My Erickson.

Group Leader or Group Representative Signature:	Date:
Co-Leader or Group Representative Signature:	Date:

**PLEASE RETURN THIS FORM TO COMMUNITY RESOURCES OFFICE IN BROOKSIDE
BY FRIDAY, SEPTEMBER 14, 2018.**