

# GROUP/CLUB/ORGANIZATION INFORMATION FORM FOR MY ERICKSON & THE COMMUNITY RESOURCES GUIDEBOOK



1. Is this a private group not open for new participants and should not be listed in the monthly activity calendar or My Erickson/TV Scroll ☐ YES ☐ NO

2. I want my information to be published in the Community Resources Guidebook.

☐ YES ☐ NO

*(If no, you still need to complete this form so your information will be included in the master activity list for our statistical reporting purposes.)*

**Group Name:**

**Meeting Day(s):**

**Meeting Time(s):**

**Location:**

**Estimated # of Members in Group:**

## BRIEF DESCRIPTION ABOUT YOUR GROUP (2 - 3 SENTENCES MAXIMUM)

**GROUP LEADER**

**APT. #**

**PHONE NUMBER**

**CO-LEADER(S) NAME(S)**

**APT. #**

**PHONE NUMBER**

I ☐ **GIVE** ☐ **DO NOT GIVE** *(check one)* consent for my name, apartment & phone number(s) to be published online in My Erickson or in print in the Community Resources Guidebook for Charlestown resident use only. I understand this publication will be in circulation throughout the community as a paper document and online on My Erickson, even if your group is not open to new participants.

**Group Leader or Group Representative Signature:**

**Date:**

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

**Date:**