Community Resources Club/Group/Organization Information Form

Charlestown
BY ERICKSON SENIOR LIVING™

Group Name:	
Meeting Day(s):	**Meeting(s):**
Location:	**Number of Members:**

Brief Description about your group (2-3 Sentences Maximum):

Group Leader	Apt. #	Phone #	Email

Co-Leader	Apt. #	Phone #	Email

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?
   ☐ **Private Group** **or** ☐ **Open Group** **(Check One)**

2. I want my information to be published in the Community Resources Guidebook and in the Club and Group section of My Erickson. ☐ **YES** ☐ **NO** **(Check One)**

3. I ☐ **GIVE** or ☐ **DO NOT GIVE** consent for my name, apartment & phone number(s) to be published online in My Erickson or in print in the Community Resources Guidebook. I understand this publication will be in circulation throughout the community as a paper document and online on My Erickson.
   (Check One)

Group Leader Signature:	**Date:**
Co-Leader Signature:	**Date:**