

Group Information Sheet

City:
State:

How long have you been meeting in this group?

When do you meet (day of the week and time)?

Is this an Intercessors of the Lamb prayer group? yes no

Leader of your group:

Members of your core group:

Members of your prayer group:



Which of the following Intercessors of the Lamb formation programs have your group completed (circle all that apply)?

1. Empowerment of the Holy Spirit

2. Heart-to-Heart Listening

3. Hearing God's Voice

Other _____

Can we give your name and street address, phone number, or e-mail address to anyone in the area who is interested in joining an Intercessors of the Lamb group? Yes No

Please use my (circle all that apply): street address phone number e-mail address

Your name _____ E-mail address _____

Your address _____

Your phone number _____