

UUCPA Chalice Circle Registration Form

Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail _____

I wish to join a Chalice Circle

I am available on the following days and times:
(circle all that apply)

Sunday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Monday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Tuesday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Wednesday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Thursday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Friday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>
Saturday	<i>morning</i>	<i>afternoon</i>	<i>evening</i>

I have the following special needs in order for me to participate in a Chalice Circle:

Comments:

Please return your form to Rev. Amy Zucker Morgenstern or Susan Plass via the UUCPA Office.