

Southside Community Fellowship Request for Personal Assistance

PERSONAL INFORMATION:

Name (Last): _____ (First): _____ (Maiden): _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____
Email: _____

Do you attend Southside Community Fellowship? Yes ___ No ___

Are you presently in a Small Group at Southside Community Fellowship? Yes /No (Please circle)

Small Group Leader Name/Contact Info

_____ Phone: _____

Referred to Southside Community Fellowship by:

WHAT IS YOUR SPECIFIC REQUEST?

HOW WOULD YOU LIKE TO BE CONTACTED? ___ Phone ___ E-Mail ___ Snail Mail ___ Visit

IF YES BY PHONE, WHAT IS THE BEST TIME TO CONTACT YOU? _____ AM/PM