



## Group Service Request Form

Hosting Group Name/Affiliation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requested dates/times of service (UrbanDiP = Saturdays from 10am-2pm):

\_\_\_\_\_

Total number in group:

Please mark the number of group members that fit in each category:

\_\_\_ High School (15-18yrs)

\_\_\_ Leader/Staff/Chaperones

\_\_\_ College/Young Adult (19-40)

\_\_\_ Male

\_\_\_ Adult (40+)

\_\_\_ Female

\_\_\_ Other (please specify)

Why does your group want to serve at Little Lights?

\_\_\_\_\_