

40 Days Facilitator Sheet

Your Name: _____ Are You Also Facilitating? Y or N Location of your small group: _____ The training session you plan on attending: <i>March 13</i> or <i>March 20</i> or <i>April 3</i>	
1. Please briefly describe your relationship with God.	
2. Circle the times you could have your Small Group meeting?	Don't care / Monday AM or PM / Tuesday AM or PM / Wednesday AM or PM / Thursday AM or PM / Friday AM or PM / Saturday AM or PM / Sunday Afternoon or PM
3. Do you anticipate non-North Ridge adults from work or neighborhood to be involved in your small group?	<input type="checkbox"/> Yes, that's all I want. <input type="checkbox"/> Yes, a few. <input type="checkbox"/> Yes, I hope. <input type="checkbox"/> No, I don't think so.