

ST. GERALD WOMEN'S GROUP

PLEASE PRINT:

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PLEASE CHECK ALL ACTIVITIES OF INTEREST TO YOU.

SOCIAL

- Ladies Luncheons
- Guest Speakers
- Community Service Projects
- Other: _____
- Game / Card Night
- Fun Night Out (movies, plays, musicals, museums, etc.)

BOOK CLUBS

- Spiritual
- Secular

RECREATIONAL SPORT LEAGUES

- Volleyball
- Bowling
- Other: _____
- Golf
- Tennis
- Exercise

CRAFTS/ SEWING ACTIVITIES

- Quilting / Sewing
- Scrapbooking
- Other: _____
- Decorative Painting
- Knitting/Crocheting
- Crafts
- Cooking/Baking

Would you be a co-chair for any of these activities or other activities?

- YES
- NO

If YES, which one(s): _____