

Please complete the attached form and send to: Chalicecircles@uuaa.org

Registration Form 2018-2019 Chalice Circles

Name: _____

Address: _____ City _____ Zip code _____

Phone: _____ Email address: _____

CHOOSE A CIRCLE:

Please indicate your preferred sessions in order of priority (1, 2, 3, etc.) If a circle does not have enough participants it may be cancelled, so numbering your preferences provides us with viable options allows for re-planning.

- | | | | |
|-------|------------------------------------|----------------|--------------|
| _____ | First and third Sunday Afternoon | 1:30 – 3:30 pm | starts 10/21 |
| _____ | First and third Monday evening | 6:45 – 8:45 pm | starts 10/15 |
| _____ | First and third Tuesday evenings | 6:45 – 8:45 pm | starts 10/16 |
| _____ | First and third Wednesday evenings | 6:45 – 8:45 pm | starts 10/17 |

20s and 30s Chalice Circle

- | | | | |
|-------|----------------------------------|----------------|--------------|
| _____ | First and third Sunday Afternoon | 1:30 – 3:30 pm | starts 10/21 |
|-------|----------------------------------|----------------|--------------|

All Circles are held at UUA

CHILD CARE is not available for Chalice Circles this year

>>>>>>> Detach coupon below and give to registrant. <<<<<<<<

Thank you for joining the 2018-2019 Chalice Circles program. Your facilitators will contact you before your circle begins to introduce themselves, share your circle's location (including the meeting room) and provide initial materials. You may contact ChaliceCircles@uuaa.org with any questions you have regarding Chalice Circles.

I registered for the Chalice Circle that meets:

Day _____ Time _____ First date _____

20s/30s circle (y/n) _____