



# GAME/LIFECHANGERS GROUP ROSTER

LOCATION (CITY/STATE) \_\_\_\_\_

LEADER NAME(S) \_\_\_\_\_

What program are you facilitating?  
(check all applicable)

- GameChangers     LifeChangers  
 Processing Call     Group Discussions

Name	Address / Phone / E-mail (please note if there has been a change in your information)	New to Aglow?	Completed Assignment?	Future Facilitator?
First:	Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last:	Phone:                      E-mail:			
First:	Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last:	Phone:                      E-mail:			
First:	Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last:	Phone:                      E-mail:			
First:	Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last:	Phone:                      E-mail:			
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Last:	Phone:                      E-mail:			
First:	Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Last:	Phone:                      E-mail:			
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Last:	Phone: E-mail:	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
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Last:	Phone: E-mail:	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
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Last:	Phone: E-mail:	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No