

# LONG HOLLOW SMALL GROUP APPLICATION

Leader name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

The proposed small group must be sponsored by a ministry of Long Hollow Baptist Church. Please check the ministry area sponsoring this small group.

- Student Ministry (Travis Kaiser or John Steen)
- Small Group Ministry (Terry Hadaway)
- Member Care Ministry (Roger Elliott)
- Women's Ministry (Julie Woodruff)
- Men's Ministry (Todd Cox)
- Celebrate Recovery (Derek Hazelet)
- Other: \_\_\_\_\_

### Where will your group meet?

- on-campus (this form serves as a room request)
- off-campus (specify location: \_\_\_\_\_)

### What is the primary purpose of the group?

- Bible Study/Spiritual Growth  
Curriculum: \_\_\_\_\_  
Author: \_\_\_\_\_ Publisher: \_\_\_\_\_
- Step Study (Celebrate Recovery)
- Accountability
- Other - explain \_\_\_\_\_

Preferred meeting day: \_\_\_\_\_ Time: \_\_\_\_\_

**Note: on-campus groups using childcare cannot extend beyond childcare schedule**

Expected group size: \_\_\_\_\_ Open or closed group \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Signature of ministry sponsor: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Room \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_

**On-campus rooms will be assigned for a maximum of 90 days.**