

Use multiple PAGES of this Application, as needed. Fax or Mail to your Stone Soup Director.
ON PAGE 1 ONLY PROVIDE THE COMBINED TOTAL NUMBER IN YOUR GROUP: _____

GROUP COORDINATOR NAME: _____

PHONE(S): _____ E-MAIL _____

Church Name/Address _____
or Community Group _____

GROUP NAME: _____ LEADER: _____
(If applicable)

Stone Soup Event: Stone Soup Friday Night - Special Event - Holiday Camp @ Christmas
Check your Stone Soup location for dates and more information: www.stonesoupnews.com/locations.cfm

DATE your Group is participating? Month _____ Day _____ Year _____
Please call the Director or Assistant for your location, to coordinate the event and date that will work best.

NOTE: ALL VOLUNTEERS MUST PROVIDE COMPLETE NAME, ADDRESS, PHONE, AND E-MAIL.
A "Welcome To Stone Soup" and Courtesy Reminder Notice will be sent to all volunteers listed.
Late additions are welcome but the Group Coordinator will need to add them to this list at Check-in at the Event.

OUR CRYPTOGRAPHERS ARE OUT OF COUNTRY TEMPORARILY! PLEASE PRINT CLEARLY! ssagf.0309

1. NAME _____ E-MAIL _____
HOME ADDRESS _____ PHONE _____
2. NAME _____ E-MAIL _____
HOME ADDRESS _____ PHONE _____
3. NAME _____ E-MAIL _____
HOME ADDRESS _____ PHONE _____
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8. NAME _____ E-MAIL _____
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