

ZOOM GROUP FORM
CAPITAL CITY QUILTERS

DATE: _____ PROPOSED START DATE: _____

ZOOM GROUP NAME: _____

ZOOM GROUP MEETING TIMES: _____

ZOOM GROUP TO MEET: ___ MONTHLY; ___ BI-MONTHLY; ___ WEEKLY; ___ OTHER

EXPLAIN: _____

ZOOM FACILITATORS: _____

OUTLINE/PURPOSE OF GROUP ACTIVITIES:

PRIMARY CONTACT FOR INFO/FOLLOW UP FOR THIS GROUP:
