



GameChangers/Lifechangers Group Roster

Lighthouse Name _____

Location (City/State) _____

Leader Name(S) _____

What program are you facilitating? GameChangers LifeChangers

(check all applicable) 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"/> Yes	<input type="checkbox"/> Yes
Last:	Phone: E-mail:	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
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