



Kesher Group Application

Please fill out this application and return it to the CBH office for approval and incorporation into the Kesher group schedule.

Leader Info.

Name: _____

Email: _____

Phone: _____

Text Y/N

Assistant leader (optional)

Name: _____

Email: _____

Phone: _____

Text Y/N

Group Name:

Meets on (day of week): _____

Time: _____

Takes place during: 1st session

2nd session

3rd session

Street Address: _____

Group Description: _____

Group Requirements:

Costs:

None _____ Entry fee _____ Childcare _____ Other _____

Curriculum:

Age Ranges (select all that apply)

All ages 12-17 (Ner Yah) 18-35 (Tribe) College
20's 30's 40's 50's 60's 70's and up

Category (hub)

Men, Women, Marriage/Family, Young adult, Prayer, Financial, Activity