



SPC Group Info Form



Group Contact Information Date: _____ Group Name: _____	
Name(s)	Main Contact & Title:
	Second Contact:
Physical Address	Main Contact:
Email Address	Main Contact:
	Second Contact:
Phone(s)	Main Contact:
	Second Contact:
Email(s)	Main Contact:
	Second Contact:
Please provide Time, Date and Location for <u>all</u> meetings for the year <i>(Example- 2nd Tuesday of every month at 11am in Room 2. No meeting in July & Dec.)</i>	
Special Request or Assistance Needed: <i>(Example– Assistance needed to use projector screen at 10am on June 24 in Fellowship Hall)</i>	

Please return to Church Office by mail, email or You may leave it on the Secretary's desk :

Shallotte Presbyterian Church, Attn: Kathy Sasso

5070 M.H. Rourk Dr., Shallotte, NC 28459

church@atmc.net 910-754-6929

Office Use Only

Date Received: