



Givers Gathering Co-Op Gathering Host Application



YOUR CONTACT INFORMATION

First Name Last Name

Address

City/State Zipcode

Phone Email

YOUR GATHERING

What type of gathering are you hosting?

Women's Circle Meeting Other

How many spots are available for this Event?

1-5 5-10 Other (list number)

GATHERING OPTIONS

What will be included at this gathering?

<input type="checkbox"/> Food	<input type="checkbox"/> Drum Circle
<input type="checkbox"/> Music	<input type="checkbox"/> Yoga/Movement
<input type="checkbox"/> Discussion	<input type="checkbox"/> Readings/Guidance
<input type="checkbox"/> Networking	<input type="checkbox"/> Others, _____

Is there a financial exchange for this gathering? No Yes

Please share any other relevant information you would like included in your listing (time + date of gathering, place of gathering, etc.) + preferred method for applicants to contact you

Signature _____

I hereby agree to allow my preferred contact information to be shared on the Givers Gathering Co-Op



listings may be removed at any time by request of the applicant