

WEEKEND WORKSHOP REQUEST FORM

Request From	Location
District: _____ Person making request: _____ District office address: _____ _____ _____ Date of request: _____	<p><i>If known at this time, please let us know the name and location of the conference center or congregation that will host this workshop:</i></p> Site: _____ Street: _____ City/State: _____ Phone: _____ Nearest airport: _____ The Workshop requires a room large enough for the 40 attendees to be able to work with their teams at separate tables. This space must be available from Friday night through Sunday afternoon, including (if held in a congregation) before and after worship on Sunday. The location does ___/does not___ meet this minimum space requirement. Please check as appropriate. <i>You are expected to provide transportation for the workshop facilitator to and from this airport.</i>
Workshop Requested	District Contact Person
<p><i>We request the following workshop for our district, cluster, or metropolitan area (use one form/request):</i></p> <input type="checkbox"/> Planning for Growth and Vitality Weekend Workshop for the Small Congregation <input type="checkbox"/> Planning for Growth and Vitality Weekend Workshop for the Smaller Mid-size Congregation	<p><i>This person is responsible for overall coordination of the workshop and is the main contact person with both the New Congregation and Growth Resources Office and the on-site coordinator:</i></p> Name: _____ City/State: _____ Phone: _____ E-mail: _____
Preferred Dates and Expected Participation	On-Site Coordinator
<p><i>Our preferred dates for the workshop (please list three, in your order of preference; remember that we require a minimum of six months' notice to plan a weekend workshop):</i></p> 1 st choice: _____ 2 nd choice: _____ 3 rd choice: _____ Anticipated number of congregations: _____ Anticipated number of participants: _____	<p><i>If known at this time, please indicate the on-site coordinator. This person is responsible for coordinating all the on-site requirements:</i></p> Name: _____ City/State: _____ Phone: _____ E-mail: _____

<p>MAIL, FAX, OR E-MAIL THIS REQUEST TO Susanna Whitman, Growth Services Program Manager, New Congregation and Growth Resources Unitarian Universalist Association, 25 Beacon St., Boston, MA 02108 Fax 617-742-0321, swhitman@uaa.org</p>
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