



Three Rivers Walk to Emmaus

Reunion Group Information Sheet

Reunion Group Name: _____

Reunion Group Location: (area/region where the reunion group meets)

Reunion Group Contact(s):

| | | |
|-------|-----------|-------|
| _____ | Name | _____ |
| _____ | Address | _____ |
| _____ | City, Zip | _____ |
| _____ | Email | _____ |
| _____ | Phone | _____ |

Our Reunion Group meets On (day) _____ at (time) _____

Every (weekly, 1st & 3rd week, etc) _____

Location of Reunion Group: _____

Address: _____

Our Group is: Men Only Women Only Mixed Group

Are others available to join your group? Yes No

Are you willing to train other group leaders? Yes No

Please return this information form to our Reunion Group coordinator at Reunion@trwe.org