**GameChangers/Lifechangers Group Roster**

Lighthouse Name

Location (City/State)

Leader Name(S)

What program are you facilitating? [ ]  GameChangers [ ]  LifeChangers

(check all applicable) [ ]  Processing Call [ ]  Group Discussions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address / Phone / E-mail****(please note if there has been a change in your information)** | **New to Aglow?** | **Completed Assignment?** | **Future Facilitator?** |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address / Phone / E-mail****(please note if there has been a change in your information)** | **New to Aglow?** | **Completed Assignment?** | **Future Facilitator?** |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |
| First:       | Address:       | [ ]  Yes | [ ]  Yes | [ ]  Yes |
| Last:       | Phone:       E-mail:       | [ ]  No | [ ]  No | [ ]  No |