**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 |