

**Clergy Communities of Practice
Wisconsin Conference UCC
Registration Form**

Name: _____

Address: _____

Telephone: _____

Email: _____

Church Name: _____

Church Town: _____

Please respond to the questions below:

_____ I am not part of a group now.

_____ I am already participating in an ongoing Community of Practice.

Your facilitator/s: _____

I am willing to travel _____ miles or drive _____ minutes/hours (circle one) to a group meeting.

I would be especially interested in a group with others who shared my interest in: (for example: rural ministry, women in ministry, thinking ahead to retirement, etc.)

Is there anything else we should know about your availability as we work on balancing group members' needs?

Please return to the Wisconsin Conference UCC, 4459 Gray Rd., DeForest, WI