

# Encounter

## SMASH Groups

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to be in a SMASH group with:

Choice 1:

Choice 2:

Choice 3:

Have you ever been in a SMASH group before?    No    Yes

If yes, tell me about you experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL FORM TO:    LEAH KING 3611 Salem Road SW Rochester, MN 55902**