

# Interest Group Planning Form

**What would you like to name your Interest Group?** \_\_\_\_\_

## Who will lead your group?

First \_\_\_\_\_

Last \_\_\_\_\_

Email of Chair \_\_\_\_\_

Address of Chair

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number of Chair \_\_\_\_\_

## Will you have a partner?

First \_\_\_\_\_

Last \_\_\_\_\_

Email of Co-Chair \_\_\_\_\_

Address of Co-Chair

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number of Co-Chair \_\_\_\_\_

## When will your group meet?

What months will your group meet?

\_\_\_\_\_ January

\_\_\_\_\_ May

\_\_\_\_\_ September

\_\_\_\_\_ February

\_\_\_\_\_ June

\_\_\_\_\_ October

\_\_\_\_\_ March

\_\_\_\_\_ July

\_\_\_\_\_ November

\_\_\_\_\_ April

\_\_\_\_\_ August

\_\_\_\_\_ December

What week(s) of the month will your group meet?

\_\_\_\_\_ 1st Week    \_\_\_\_\_ 2nd Week    \_\_\_\_\_ 3rd Week    \_\_\_\_\_ 4th Week    \_\_\_\_\_ 5th Week

If "Week(s) of the Month" does not apply, please explain.

What Day(s) of the Week will your group meet?

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday    \_\_\_\_\_ Friday    \_\_\_\_\_ Saturday    \_\_\_\_\_ Sunday

If "Day(s) of the Week" does not apply, please explain.

What time will your meetings begin? \_\_\_\_\_

What time will your meetings end? \_\_\_\_\_

**Will your group charge a participation fee?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain. \_\_\_\_\_

**Please explain a little bit about your proposed group.**

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