



TRANSFORMATION GROUP SIGN-IN SHEET

Group Name: _____

Meeting Month/Year: _____

PARTICIPANT AGREEMENT: By attending any Transformation Group meeting, each Participant understands and agrees: (i) to treat as confidential all participants' names and any personal information they share at the meetings, (ii) that the Transformation Groups are intended to provide education and support for participants (not therapy) and (iii) that neither _____ or the Transformation group facilitator is responsible for the Participant's acts or omissions, but rather, each Participant accepts responsibility for his/her actions. Please sign the Sign-In Sheet as your agreement to confidentiality.

Name of Faith Community

PARTICIPANT NAME	PHONE NUMBER	GROUP DATES				
<i>John Doe</i>	123-456-7890	JD	JD	JD	JD	JD



