

Registration to be in a Girl's Circle

Date: _____

Girl's Information

Name _____ Age _____ Birthday _____

Address _____

Email _____

Grade _____ School _____

Home Telephone _____ Cell Phone _____

Parent's Information (Both parents info if girl spends time at different homes.)

Name(s) _____

Address(es) _____

Email address(es) _____

Home Telephone(s) _____

Cell Phone(s) _____

To be filled out by the girl using as much paper as needed:

What draws you to the Rose Circle?

What do you hope to receive by sitting in a circle with other girls?

What are your interests; in school, at home, with friends, hobbies, activities?

Do you know other girls who are registering that you want to be in circle with?

Names _____

Is there anything else you would like to share?

Send the Completed Registration Form to:

The Rose Circle

P.O. Box 116

Talent, OR 97540

Or send to info@therosecircle.org