

OMAHA QUILTERS GUILD 2024-2025 SMALL GROUP FORM

**Group Information**

Name of Group: \_\_\_\_\_

Group Contact: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

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

Group Focus \_\_\_\_\_

(fill out if you want the group's focus to be listed in the directory)

Is your group open to new members? Yes or No (please circle)

Group Is Open To New Members  Yes  No