

New GR Information Sheet: *Please fill in the requested information and return to the Alternate Delegate before you leave the Orientation meeting.*

Welcome! We are glad you are here.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Your Group's Name: _____

Your Group's WSO ID Number: _____ **(if known)**

Location and town where your Group meets is:

What District is your group in? _____ **Your Area is Ohio.**

Your service position is: (please check one)

• **Group Representative**



• **District Representative**



• **Other:** (Please list) _____