



THE DRAMATIC PEN PRESS
CHRISTIAN CRITIQUE GROUP REGISTRATION FORM

(All information must be filled out legibly for group to be registered.)

NAME OF GROUP: _____
(Ex: The Write Group)

MEETING LOCATION: _____
(Name of Place & Address)

MEETING TIMES AND DATES: _____
(Ex: 1st & 3rd Weds Nights from 7-9pm)

NAME OF PRESIDENT: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____
(Print legibly, please.)

NAME OF VICE-PRESIDENT: _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____
(Print legibly, please.)

MEMBER NAME : _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

(Print legibly, please.)

MEMBER NAME : _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

(Print legibly, please.)

MEMBER NAME : _____

ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

(Print legibly, please.)

SEND TO:

THE DRAMATIC PEN PRESS, LLC; 322 CUMBERLAND ST, LOLO, MT, 59847

THEDRAMATICPENEDITOR@GMAIL.COM WWW.THEDRAMATICPEN.COM

(Add more pages as necessary.)