



Guernsey Mind LBG

The Lions Mind Centre  
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Group Name:

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Room Required:

Main Meeting Room       Lounge (just inside the main door)

1 – 2 – 1 room       Centre

Date of First Session:

Time of Session – From / To

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Day of Week of Session:

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Weekly Basis       Monthly Basis

Date of Last Session (if known):

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Contact Number & Email:

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Printed Name of Nominated Responsible Person:

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Signature: