



Club Meeting Guest Speaker Resource List

Make extra copies of this form and use it to write down names of local youth pastors/leaders, pastors, parents, state Youth Alive director, community leaders and fellow students who would be willing to share at a weekly Youth Alive Club meeting.

NAME: _____

Address: _____ Zip: _____

Phone: _____ E-mail: _____

Position/Other Information: _____

Topics comfortable with: _____

NAME: _____

Address: _____ Zip: _____

Phone: _____ E-mail: _____

Position/Other Information: _____

Topics comfortable with: _____

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