

**2022-2023 Women of Wisdom Circles of Co-Creation Training**

Name  DOB

Cell Phone #  E-mail

Address  City  St  Zip

Website

**Have you been involved with Women of Wisdom before? In what capacity?**

**Have you led groups? Yes  No**

**If so, what types?**

**Have you participated in Circles and are you familiar with Circle Leadership?**

**Yes  No  How?**

**What do you hope to gain from this course?**

**How would you like to utilize Circle Leadership?**

**Do you have any questions about the course including logistics?**