

Community Wide Dialogue

End Racism, Improve Race Relations, Promote Racial Healing

Registration Form for Dialogue Circles

Please fill out this form and send it back to the InterReligious Council,
 3049 E. Genesee Street, Syracuse, NY 13224 or fax it to 449-3103.
 Please call (315) 449-3552 ext. 119 or e-mail cwd1@ircny.org with questions.

Name _____ Home Phone # _____
 Address _____ Work Phone # _____
 _____ E-mail _____
 _____ Fax # _____

Circles meet 6 consecutive weeks once a week for two hours. When 12-15 individuals have requested a time period, you will be contacted regarding the location and your availability.

Please check the time that best fits your schedule. If you can meet at more than one time, check all for which you are available. This will increase our ability to place you in a circle quickly.

Morning 7-9 am	Mid-day 11-1pm	Afternoon 4-6 pm	Evenings 7-9pm	Other: Specify
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Help! I want to participate but none of these options works for me! Please call.

I have special circumstances which are:

To make the Dialogue Circles succeed, it is important to make them racially and ethnically diverse. It is therefore important for us to know your race and ethnicity. Please answer the following questions.

Ethnic, Racial, and/or Cultural Background: _____
 Age: _____
 Gender: _____

Thank you for registering for a Community Wide Dialogue Circle!

For internal Use Only

Referral Source: Office

Date Received: _____ Date Response Letter sent: _____

Dates called: _____

Circle joined _____ beginning _____

S/CWD/Dialogue Circles/Starting/Registration Form