

New Group Registration Form

Group Name:

Your Name:

Your Email:

Your Phone #:

This Group's 1st Meeting Will Be?: (Date & Time)

How Many Meetings Per Week?:

Name of Location Where Meeting Is Held?:

Address Of Meeting Location?:

Group GSR?:

GSR Email?:

GSR Phone #?:

GROUP MEETING INFORMATION

| | EXAMPLE | MON | TUE | WED |
|--------------|-----------|-----|-----|-----|
| Time: | 7pm-8pm | | | |
| Open/Closed: | Closed | | | |
| Format: | Lit Study | | | |

| | THUR | FRI | SAT | SUN |
|--------------|------|-----|-----|-----|
| Time: | | | | |
| Open/Closed: | | | | |
| Format: | | | | |

ADDITIONAL NOTES:

PR COMMITTEE SECTION

Updated on Webpage

Updated on PDF

Verified on NA.com